

Essential Clinical Social Work Series

Nancy J. Murakami
Mashura Akilova *Editors*

Integrative Social Work Practice with Refugees, Asylum Seekers, and Other Forcibly Displaced Persons

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Essential Clinical Social Work Series

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The Essential Clinical Social Work Series provides state-of-the-art theoretical and clinical knowledge for clinical social workers and other mental health practitioners.

Nancy J. Murakami • Mashura Akilova
Editors

Integrative Social Work Practice with Refugees, Asylum Seekers, and Other Forcibly Displaced Persons

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“Integrative Social Work Practice with Refugees, Asylum Seekers, and Other Forcibly Displaced Persons offers professionals culturally responsive and practical resources to respond to the many needs of millions of refugees and other vulnerable populations who have been forcibly displaced from their homelands. I wish that this collective body of work and practice knowledge written by culturally and ethnically diverse scholars and practitioners from various disciplines and contexts had been available during past national initiatives spearheaded by the U.S. Office of Refugee Resettlement (ORR). Undoubtedly, it would have positively impacted our collective endeavor to provide a wide range of services to our country’s resettled refugees in collaboration with many crucial stakeholders. To this end, this book needs to be read and integrated into practice by all who seek to ethically support today’s and tomorrow’s refugees and other vulnerable populations.”

Nguyen Van Hanh, PhD, Former Director, Office of Refugee Resettlement,
U.S. Department of Health and Human Services, Washington, D.C., USA

“This moment in history cries out for guidance and insight into alleviating the plight of forced émigrés, and it calls for the holistic, humanistic lens embodied in the discipline of Social Work. *Integrative Social Work Practice with Refugees, Asylum Seekers and Other Forcibly Displaced Persons* has come at just the right moment to help explain the inexplicable, and to help survivors to tolerate the intolerable.”

Hawthorne E. Smith, PhD, President, National Consortium of Torture Treatment
Programs; Director, Bellevue Program for Survivors of Torture,
New York, NY, USA

“The book closes a gap in practical social work knowledge about asylum seekers and other people in similar situations. Social workers and other helping professionals must advocate for government support for these vulnerable and invisible groups, especially for guaranteed legal representation and basic living conditions. I hope this book and the courses will assist in these much-needed reforms.”

Maria Blacque-Belair, Executive Director, RIF Asylum Support,
New York, NY, USA

“It is critical that scholarship analyze the existing policy frameworks on which our social services programs are constructed. As a provider of refugee resettlement services, I am limited in how to provide services based on narrow and outdated definitions. This important work explores the need for services to support the well-being of immigrants who are seeking asylum and humanitarian relief.”

Kelly Agnew-Barajas, MSW, Director, Refugee Resettlement, Catholic Charities Community Services, Archdiocese of New York, New York, NY, USA

“The world is witnessing new crises around religion, caste, race, gender, sexuality, nationalism, natural-disasters, climate-change, healthcare, and social-economic-political scenarios. This path breaking work by Dr. Murakami and Dr. Akilova is a novel contribution to the global-local social work and interdisciplinary scientific field to promote policy, practice, teaching, and research on the issues of refugees, asylum seekers, and other forcibly displaced persons across intersectionalities.”

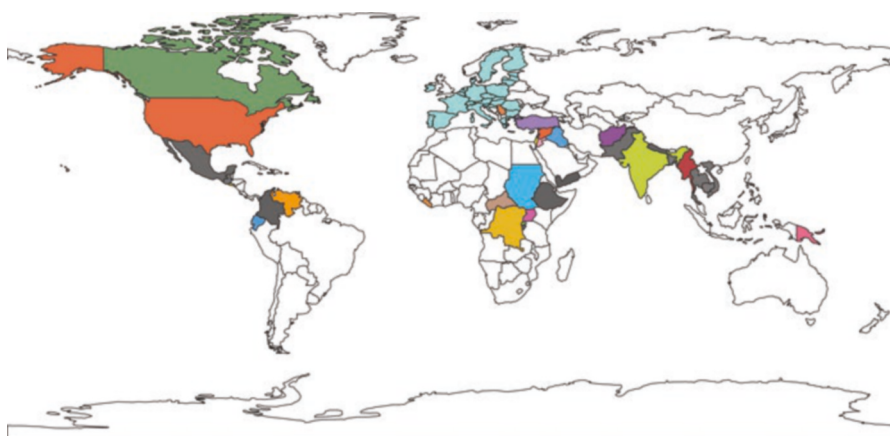
Lalit Khandare, PhD, Chair, Council on Global Social Issues, Council on Social Work Education (CSWE); Member, Commission on Global Social Work Education, CSWE; Director, MSW Program, Pacific University Oregon, Eugene, OR, USA

“This book not only takes into account topics that are central to social work practice with refugees, asylum seekers and displaced persons, but also accomplishes this through a genuinely and meaningfully integrative approach. Nancy Murakami’s and Mashura Akilova’s book makes a significant and thought-provoking contribution to the broader international social work literature. This is an essential reading for scholars, practitioners and students interested in international and comparative social work.”

Vasilios Ioakimidis, PhD, Commissioner, Global Education Commission, International Federation of Social Workers (IFSW)

“Social work has arguably helped to define the humanitarian response to refugee resettlement, notably in the United States. This collection powerfully extends the case for social work, to support those seeking asylum, fleeing social and economic collapse, and experiencing forced displacement. It will inspire a new generation of social workers to confront increasing complexities of displacement and assure the displaced remain at the center of the humanitarian response.”

Patrick Poulin, LCSW, Regional Director, Resettlement, Asylum and Integration (RAI), International Rescue Committee, Pacific West Region, USA



Experiences of refugees, asylum seekers, and other forcibly displaced persons are presented in case studies throughout the book. The nations and territories covered in these case studies are in color. Additional nations and territories discussed throughout the book are highlighted in grey.

Foreword

As president of the International Federation of Social Workers (IFSW), I am pleased to share in the introduction of this text and learning tool. A new book on social work is always a cause for celebration since it brings the contributions of this wonderful profession to light, which is why I embrace this one, entitled *Integrative Social Work Practice with Refugees, Asylum Seekers, and Other Forcibly Displaced Persons*. It holds great value for global social work—in particular—and for the social sciences—in general. Each chapter leaves us with great lessons, articulating theories, practices, and reflections based on the professional experiences of authors from different disciplines within the social field.

Undoubtedly, the subject of this work as well as its approaches and values align with the principles held by the IFSW, from a rights-based approach. Indeed, all the issues that are addressed in each of the chapters are related to the exercise and defense of human rights, particularly of forcibly displaced persons worldwide, with all the objective problems and the subjective suffering, mental health, and deep traumas that this situation generates. The issue of human rights is closely linked to social work. Over time, it has become a kind of professional mandate, the backbone of the ethical-political dimension of our profession and of the training of social workers: defending and vindicating human rights and fighting against the injustices and social inequalities that harm them.

At the international level, this is reflected in the *Global Definition of Social Work*, developed by the IFSW and the International Association of Schools of Social Work (IASSW) and approved in Melbourne in 2014:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities, and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.

As we can see, human rights appear as one of the fundamental principles of the profession. Concerning this aspect of the definition, both organizations are in charge of making explicit that the general principles of social work are based on respect for

the intrinsic value and dignity of human beings, the principle of do no harm, respect for diversity, and defense of human rights and social justice, which are the great motivation for social work and our daily work.

The social work profession recognizes that human rights have to coexist with collective responsibility. The idea of collective responsibility highlights the reality that individual human rights can only be achieved if all the people and actors involved assume responsibility towards each other and towards the environment, assuming the importance of creating reciprocal relationships within communities.

Therefore, an important aspect of social work is to advocate for the rights of people at all levels, enabling them to take responsibility for the well-being of each other and realizing and respecting the interdependence between people and between people and the environment.

Likewise, the IFSW together with the IASSW state that social work encompasses first-, second-, and third-generation rights. *First-generation rights* refer to civil and political rights, such as freedom of expression and conscience and freedom from torture and arbitrary detention; *second-generation* are socio-economic and cultural rights that include reasonable levels of education, language, health, and housing; and *third-generation rights* focus on the natural world and the right to species biodiversity and intergenerational equity. These rights are mutually reinforced and interdependent, allowing for individual and collective rights.

For social work at the global level, there is a correlation and reciprocity between individual rights and collective rights, as well as a collective responsibility in their real and effective fulfillment. This coincidence between social work and human rights is institutionalized in the *Global Social Work Statement of Ethical Principles*, approved at the General Meeting in Dublin in 2018, which establishes as principles the recognition of the inherent dignity of humanity, promotion of human rights, promotion of social justice, promotion of the right to self-determination, and promotion of the right to participate, among others. For social work, the ethical dimension is constitutive of the profession, not only as a set of moralizing precepts linked to what “should be” but also fundamentally related to principles that carry values linked to the unrestricted defense and vindication of human rights as guiding axes of our professional practices and the education of social workers.

Both the exercise of human rights mentioned above as well as the ethical principles of the profession take part in a profound dialogue when it comes to tackling a global social problem as complex as the forced displacement of populations, refugees, and people seeking asylum as a result of these displacements worldwide. This challenges our professional practices and makes it necessary to critically reflect on the structural causes that lead populations to forcibly displace, to migrate, and to seek refuge in other countries. Likewise, it requires reflecting and sharing experiences on the implications in subjective and objective, as well as material and symbolic, dimensions; knowing national and international legislation; and knowing the policies and programs of international organizations that address this serious social problem.

Of course, it also implies reflecting on and knowing the strategies and professional practices that serve people and populations that must move from their

countries of origin, as a result of armed conflicts, extreme poverty, ethnic-religious conflicts, and natural disasters, among other causes. The lives and rights of these people are deeply affected at all levels (mental health problems, identity crises due to cultural uprooting, anguish, loneliness, anomie, problems of access to health, housing, work, loss of family ties, among others), and this requires thinking and proposing comprehensive, holistic practices and articulation strategies with other social actors—governmental and non-governmental—involved in this issue.

All these questions and dimensions that cross and make up these problems are addressed in this important and wonderful book. Each of the chapters is written with great rigor and knowledge of the subject and, fundamentally, with commitment to the populations and based on the principles and values of social work, from a rights-based approach.

Finally, I want to thank Nancy Murakami and Mashura Akilova who have invited me to write the foreword to this collective and collaborative book. Writing a foreword is always an honor for me because it is the door to a new work that will impact the professional lives of the thousands of social workers who read these pages, just as it has impacted me. I congratulate the compilers for the initiative and all the authors for the texts that they have generously shared with us.

I invite readers to go through each of the chapters that make up this wonderful work that, without a doubt, will become a reference book for all social workers in the world who address the problem of forcibly displaced populations, refugees, migrants, and asylees, and those who are merely looking for security, a better life, and a dignified life without violence—a life worth living.

Silvana Martínez

President, International Federation of Social Workers
Rheinfelden, Switzerland

Acknowledgments

With humility and gratitude, we share with you some of the best practices we have encountered over the past 20 years from standing alongside and working with survivors of persecution, torture, war, and forced displacement. We are committed to supporting social workers who seek to further their expertise in culturally responsive, person-centered, and social justice-oriented services, and so we are fortunate to be able to bring together experts in the field to write about their integrative work with individuals, families, and communities and the systems that impact them. We thank this incredible team of practitioners, academics, and scholars who are motivated by a collective vision to provide better care to those whose lives have been upended by trauma and displacement.

None of this would have been possible without the tireless work of our outstanding editorial team of Columbia University students and graduates who raised key critical questions. We especially thank our editorial assistant, Ghazal Rezvani, for guiding us and keeping us on track; our copyeditors, Bethel Assefa and Sol Alvarez-Taubin, for their thoughtful reviews; our media team, Andrea Tillotson and Ian Christensen, for editing the videos that accompany these chapters; and Claire Neble Matsunami for reviewing the book as a course text.

We are grateful to the *Essential Clinical Social Work* Series Editor Carol Tosone, Springer Senior Editor Janet Kim, and Springer Nature Production Editor Cynthia Pushparaj and their team for their unwavering dedication and patience. It is their vision that has enabled the writing of this book focused on building the knowledge and skills of social workers who work with one of the most marginalized populations in the world.

We extend a heartfelt thank you to our friends, family, and colleagues who reviewed chapter drafts, supported us, and made us countless cups of coffee.

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Abbreviations

3RP	Regional Refugee and Resilience Plan
4Ws	Who, Where, When, What
AGIR Montréal	Action LGBTQIA+ with immigrants and refugees
AHF	Afghanistan Humanitarian Forum
AKP	Justice and Development Party (Turkey)
AoR	Area of Responsibility
APA	American Psychological Association
ASR	Assessment Report
BIA	Board of Immigration Appeals
CAAP	Commitments to Accountability to Affected Populations
CAP	Consolidated Appeal Process
CAR	Central African Republic
CAT	Convention Against Torture
CBST	Community-Based Socioterapy
CCCM	Camp Coordination and Camp Management
CEAS	Common European Asylum System
CERF	Central Emergency Response Fund
CETA	Common Elements Treatment Approach
CFI	Cultural Formulation Interview
CGIRC	Canada Government Immigration, Refugee and Citizenship
COVID-19	Coronavirus Disease 2019
CPA	Comprehensive Peace Accord (Accra)
CSWE	Council on Social Work Education
DDR	Disarmament, Demobilization, and Reintegration
DFMS	Domestic & Foreign Missionary Society
DGMM	Directorate General of Migration Management
DHS	Department of Homeland Security [USA]
DIP	Department of International Protection
DMI	Department of Military Intelligence
DOJ	Department of Justice
DOL	Department of Labor

DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DV	Domestic Violence
ECDC	Ethiopian Community Development Council, Inc.
ECHR	European Court of Human Rights
ECRE	European Council on Refugees and Exiles
EMDR	Eye Movement Desensitization and Reprocessing
EOIR	Executive Office for Immigration Review
ERC	Emergency Relief Coordinator
ESNFI	Emergency Shelter and Non-Food Items
EU	European Union
EWI	Entry Without Inspection
FORIN	Forensic Analysis of Disasters
GBV	Gender-Based Violence
GCCG	Global Cluster Coordination Group
GCM	Global Compact for Safe, Orderly and Regular Migration
GHI	General Health Insurance (Turkey)
GiHA	Gender in Humanitarian Action
GCR	Global Compact on Refugees
HCR	High Commissioner for Refugees
HCT	Humanitarian Country Team(s)
HDG	Humanitarian Donor Group
HIPAA	Health Insurance Portability and Accountability Act [USA]
HNO	Humanitarian Needs Overview
HRIT	Heightened Risk Identification Tool
HRMSW	Human Rights Methods in Social Work
HRP	Humanitarian Response Plan
HT	Human Trafficking
IASC	Inter-Agency Standing Committee
IASFM	International Association for the Study of Forced Migration
IASSW	International Association of Schools of Social Work
ICCG	Inter-Cluster Coordination Group
ICD	International Classification of Diseases
ICE	Immigration and Customs Enforcement
ICRC	International Committee of the Red Cross
IDDRS	Integrated Disarmament, Demobilization and Reintegration Standards
IDPs	Internally Displaced Persons
IFRC	International Federation of Red Cross Red Crescent Societies
IFSW	International Federation of Social Workers
ILO	International Labour Organization
IMC	International Medical Corps
INEE	Inter-agency Network for Education in Emergencies
INGO	International Non-Governmental Organizations
IOM	International Organization for Migration

IPCC	Intergovernmental Panel on Climate Change
IRB	Immigration and Refugee Board of Canada
IRO	International Refugee Organization
ISIS	Islamic State in Iraq and Syria
JIAF	Joint Inter-sectoral Analysis Framework
LGBTQI+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex, and others
LMICs	Low- and Middle-Income Countries
M&E	Monitoring and Evaluation
mhGAP-HIG	Mental Health Global Action Program—Humanitarian Intervention Guide
MHPSS	Mental Health and Psychosocial Support
MPCA	Multi-Purpose Cash Assistance
NASW-USA	National Association of Social Workers [USA]
NATO	North Atlantic Treaty Organization
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
ORR	Office of Refugee Resettlement
OSCE	Organization for Security and Co-operation in Europe
PFA	Psychological First Aid
PRM	(Bureau of) Population, Refugees, and Migration [USA]
PRs	Protracted Situations
PSWs	Psychosocial Workers
PTSD	Post-traumatic Stress Disorder
R&P	Reception and Placement
R2HC	Research for Health in Humanitarian Crisis
RASP	Refugees and Asylee Service Providers
RSD	Refugee Status Determination
SEE_PET	Stepwise Ethnographic Exploration Participatory Evaluation Tool
SGDs	Sustainable Development Goals
SGM	Sexual and Gender Minority
SOGIE	Sexual Orientation and/or Gender Identity and Expression
TECs	Temporary Education Centers
TI-HR	Trauma-Informed and Human Rights
TIP	Trafficking in Persons
TPS	Temporary Protected Status
TWG	Technical Working Group(s)
UAC	Unaccompanied Alien Child
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service

UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNITAD	United Nations Investigative Team for Accountability of Da'esh/ISIL
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
UNRRA	United Nations Relief and Rehabilitation Administration
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USRAP	United States Refugee Admissions Program
USCIS	U.S. Citizenship and Immigration Services
USCRI	U.S. Committee for Refugees and Immigrants
V-PTG	Vicarious Posttraumatic Growth
VAWG	Violence Against Women and Girls
VR	Vicarious Resilience
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WOR	Withholding of Removal

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About the Editors

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Part I

Contexts and Frameworks

Chapter 1

An Introduction to Integrative Social Work Practice with Survivors of Forced Displacement



Nancy J. Murakami and Mashura Akilova

1.1 Humanitarian Crises and Forced Displacement

By the end of 2021, various conflicts, violence, persecution, human rights violations, and disasters contributed to the forced displacement of more than 89.3 million persons across the world (UNHCR, 2022). This is twice the number of persons displaced by World War II, which was the catalyst for the creation of the global modern system that responds to needs of the displaced. Since World War II, the definition of who is deserving of protection, as well as the key stakeholders involved in response, has changed repeatedly. Despite the United Nations High Commissioner for Refugees (UNHCR) mandate to protect refugees and asylum seekers, internally displaced and stateless persons (94.7 million people of concern) (UNHCR, 2022), and refugees who have chosen or have been forced to return to their home communities, there are still many groups who are left unprotected (Palattiyil et al., 2021). Among these are economic migrants who are forced to move due to poverty and need for survival and survivors of environmental degradation who commonly face these dual challenges (Palattiyil et al., 2021; Schuster, 2015). Often, displacement is protracted, and its impacts endure well beyond the mandated period of protection by the UNHCR. Governmental organizations, nonprofit agencies, host communities,

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and displaced populations themselves then assume responsibility to ensure that displaced persons' needs are met and do so for long after persons' initial periods of displacement and resettlement.

Discourse on humanitarian response focuses primarily on "refugee exodus," "refugee crisis," needs of host countries, and high-profile cases, such as the tragic death of 3-year-old Alan Kurdi, a Syrian boy who drowned while crossing the Mediterranean Sea in search of refuge (Sohlberg et al., 2018). However, the causes of conflicts, violence, and economic and environmental degradation that forcibly move people from their homes are less frequently discussed. Historical and contemporary factors that contribute to people's experience of displacement include colonial regimes that geographically separate people and pit groups against each other in competition for gaining access to limited resources that have been depleted by extractive economies benefiting the Global North; unfair market conditions impoverishing local farmers who are not able to compete in the global market; environmental degradations destroying the livelihoods of entire communities, caused by industrialization in the Global North; and violence caused by arms sales by the Global North to countries in the Global South that may contribute to increasing violence and therefore displacement (Cichoka & Mitchell, 2021; European Parliament, 2020; TNI & Stop Wapenhandel, 2016). Despite their contributions to nearly all global humanitarian crises, however, the countries of the Global North often have the privilege of closing their borders, choosing who they host by limiting the numbers of refugees resettled¹ (Miroff, 2020) and otherwise limiting immigration, as happened in many countries of the European Union (EU) in response to the recent Syrian refugee crisis (Akkerman, 2020). Additionally, countries sometimes commit to increasing funding to support neighboring and transit countries in exchange for keeping refugees outside of their own borders, as happened in the EU-Turkey agreement in response to Syrian refugee migration (Terry, 2021) and in anticipation of large numbers of Afghan refugees moving across borders (Council of the EU, 2021).

Furthermore, countries in the Western Hemisphere are thought to be the destination for many refugees seeking long-term protections and are often portrayed as saviors (Parekh, 2020); however, 86% of displaced populations are actually hosted in countries of the Global South, such as Turkey, Colombia, Pakistan, Uganda, Bangladesh, and others (UNHCR, 2021a).

There is extensive literature on the experiences and needs of displaced populations and host communities from a wide range of disciplinary perspectives, including at all practice levels of social work. Clinical researchers and practitioners often focus on the physical, psychological, social, and spiritual or existential impacts of conflict, war, persecution, forced displacement, loss, separation, and cultural dislocation (Aylesworth & Ossorio, 1983; Bogic et al., 2015; Naidu, 2016; Zilic, 2017). Macro-level social work researchers and practitioners often focus on national and

¹ Under the Trump Administration, the United States' refugee acceptance cap was set at an all-time low of 15,000 people.

international policies around settlement and integration, impacts on displaced persons and their host communities' social and economic well-being, and access to services and rights, among many other macro issues (Levy et al., 2017; Maxmen, 2018; Musisi & Kinyanda, 2020; Şahin Mencütek & Nashwan, 2021).

Both research and practice reveal devastating impacts of these events and other factors related to individuals', families', and communities' dislocation from their homes and homelands (Murthy & Lakshminarayana, 2006; Musisi & Kinyanda, 2020). Utilizing the useful framework of pre-flight, flight, and post-flight periods of forced displacement (NCBP & CVT, 2005), we briefly outline struggles over the course of the forced migration journey, which are elaborated on throughout this book. Forced displacement moves people out of their homes in search of safety and protection. For some survivors, there is a sudden onset of threat with few pre-flight stressors; however, for many, the period of time before the necessity to flee for safety is fraught with ongoing fear, threat, violence, torture, and an inability to access needed resources because they are unavailable or it is too dangerous to access them. The decision to flee is often multifactorial (Braithwaite et al., 2021) and, for many, is a decision between life and death. The journey is often fraught with many dangers, such as mistreatment and abuse by smugglers and traffickers, dangerous routes that claim thousands of lives, detention by authorities, kidnapping, and separation from family members (UNHCR, 2018). The period after fleeing is anticipated by many to be a time of refuge and safety, but this post-migration period is often also fraught with stress and difficulties that lead to poor health outcomes (Gleeson et al., 2020; James et al., 2019; Miller & Rasmussen, 2017; Schick et al., 2018).

These experiences impact individuals' psychological and physical well-being, reduce survivors' capacity to trust others and themselves, change family systems, and threaten social systems (Mangrio et al., 2018). Additionally, dependence on any existing support systems (or lack thereof) can create situations in which individuals feel further disempowered, and the inability to access rights (e.g., those tied to citizenship) and services in transit and in host communities due to a variety of barriers (e.g., eligibility, language, transportation) (Miller & Rasmussen, 2017) complicates the ability of refugees and asylum seekers to advocate for themselves. Alongside these devastating and compounded impacts, however, is evidence of the remarkable resources, strength, and resilience of displaced individuals, families, and communities that enable them to survive atrocities, support the survival and healing of others, and become great advocates and leaders in the fight to end human rights abuses, to establish more humane refugee policies, and to hold abusive governments and individuals accountable for their actions and inactions (Walther et al., 2021).

Video 1.1 provides an additional introduction to integrative social work practice with survivors of forced displacement.

1.2 Humanitarian Response and the Role of Social Work

Ever-increasing emergency situations in various parts of the world (Devictor, 2019) that cause mass displacements, such as in Afghanistan, Ukraine, Venezuela, Syria, Myanmar, and the Democratic Republic of the Congo, are contributing to the increasing timeframe that refugees spend in protracted situations² and the enduring struggles that refugees experience beyond resettlement or community integration. There is urgent need for an expanded, comprehensive, and sustainable humanitarian response that spans all stages of the displacement journey. Such a response should not only address immediate needs but also create sustainable solutions to protect human rights, provide safety and protection, promote community building, and ensure access to education, labor markets, healthcare, and social services. In this chapter, humanitarian response is conceptualized and discussed in this more expansive and inclusive way.

The complex needs of survivors, governments of transit and destination nations, and communities that host forced migrants make any sort of global, coordinated response seem improbable. In the current global emergency response framework, the global community—headed by UNHCR and other UN agencies—coordinates emergency response in collaboration with host country governments. Many international nongovernmental organizations (INGOs), bilateral aid agencies, faith-based organizations, and local nongovernmental and community-based organizations are part of response implementation in the initial period of displacement (see Chap. 4 for details), as well as at stages of resettlement, integration, or reintegration (see Chaps. 7, 8, and 9, respectively).

The field of humanitarian emergency response, like any other field within the international development space, is mostly dominated by outside stakeholders. While efforts have been made for the field to become more inclusive of local stakeholders and service recipients, actual implementation still lacks substantial and meaningful change. Improved linkages between international actors and local systems of response are needed. Evidence of the benefits of global expertise, infrastructure, and funding is clear (Yates et al., 2021; Parmar et al., 2007); however, the lack of local stakeholder involvement at the decision-making level remains a large gap that has serious implications for practice and the communities being served (Schwartz, 2019). This modus operandi of a top-down approach has not changed significantly since the origin of the global refugee response system, and parallels to colonialist approaches can easily be drawn. Decisions and work plans are still primarily defined by those who fund response efforts and thus remain in positions of power.

Refugee resettlement has a much smaller albeit critical role in humanitarian response. In 2018, only 27 countries accepted refugees for resettlement (UNHCR, n.d.). The number of resettled refugees is extremely low compared to those who

²As of 2018 the median duration of exile is 5 years. The mean duration is 10.3 years that has fluctuated between 10 and 15 years since the late 1990s.

remain as internally displaced persons, those who integrate into a first country of asylum, or those who reintegrate into their home countries. Managed by the UNHCR in collaboration with country governments and the International Organization for Migration (IOM), refugee resettlement is the movement of legally designated refugees from the nation where they sought protection to a country that accepts them as resettled refugees (UNHCR, [n.d.](#)). While conceptualized by many as a form of support that ensures protection and opportunity for citizenship, refugee resettlement has also been described as a form of “humanitarian governance” (Garnier et al., [2018](#), p. 2) that is costly and falls short of being equitable. Further, Garnier et al. ([2018](#)) describe refugee resettlement as “driven by a humanitarian ethos of helping the most vulnerable but in doing so involv[ing] practices ruling the lives of the most vulnerable without providing them with the means of recourse to hold the humanitarians accountable for their actions” (p. 2).

As of 2021, the United States, EU, and EU nation states have provided 76% of the fiscal support for UNHCR activities concerning addressing the needs of displaced persons across the globe, including emergency response to IDPs and refugees, assessment and resettlement of asylum seekers, return and reintegration of returnee refugees, as well as provision of support to stateless persons (UNHCR, [2021b](#)). Much of the funding provided by these top global donors is also earmarked, which sometimes leads to inefficiencies and a waste of resources, while other areas of need remain unaddressed. Additionally, as 40–50% of UNHCR’s planned programming is underfunded every year (UNHCR, [2021b](#)), provision of basic rights for survival and protection of displaced persons’ safety and well-being is threatened. Despite the necessity for a centralized response to the needs of displaced persons, UNHCR funding generally responds to specific emergencies, leaving many groups of displaced persons without required attention and sustainable means to survive. For example, countries hosting Syrian refugees in the aftermath of the recent Syrian conflict, like Turkey or Jordan, receive specific funds to support this population, while other groups of refugees located in these same countries, such as Iraqi, Afghan, Sudanese, and Somali refugees, do not benefit from the same access to resources, regardless of their need for equal protection (see Chap. [8](#) for more details) (Mennonite Central Committee, [2017](#)). Many other groups who are not officially recognized as refugees, and referred to as undocumented or irregular migrants, also may not benefit from the same protections.

Social workers are important members of the refugee response framework at micro, mezzo, and macro levels, albeit historically more represented in certain levels of response (e.g., direct practice), periods of the refugee journey (e.g., resettlement), and regions of the world (e.g., high-income countries) than others (Diaconu et al., [2016](#); Roßkopf & Heilmann, [2021](#)). Social workers hold vital and varied roles: working directly with refugees and asylum seekers at all stages of the forced migration journey; assessing and responding to the initial needs of refugees and asylum seekers; working within the field of resettlement to support integration of refugees into their host communities; conducting policy and advocacy work at community, national, and international levels around displacement and humanitarian response; engaging in research to better understand the experiences of displaced

people, the communities they travel from and to, and the practitioners engaging with them; and supervising, teaching, and training professionals and paraprofessionals in the field. Nevertheless, as Roßkopf and Heilmann (2021) argue, while social workers are more focused on immediate response and services to integrate refugees, “powerful governmental decisions or global political discourses, restrictive, cross-border asylum regulations, [and] violations of human rights” may reduce the effectiveness of social work services, among other factors (p. 22).

Given historical influences on the social work profession’s development within different countries, social workers may be engaged in one level of practice more than another. Dayioğlu et al. (2021) discuss how the charity-based focus of the social work profession in Turkey has left social workers unprepared to address the needs of refugees from a rights-based, holistic perspective. In Jordan, the tribal customs of engaging with individuals and communities clash with the imported practice of social work by the State and other institutions, which is also complicated by an overcrowding of international stakeholders responding to the Syrian conflict and its regional impacts (Huth-Hildebrandt, 2021). In Italy, social workers have demarcated roles in the initial response and assessment of asylum seekers in reception centers; in supporting documentation and application for asylum; in providing integration support to newcomers; and in sensitizing communities to include refugees, addressing conflict, and responding to backlash by native populations (Di Rosa et al., 2021). In Nigeria, while social work is undergoing transformation and decolonization, there is still a need for it to become more responsive to the needs of communities. Globally, not many social workers practice with IDPs or engage in community and policy advocacy, research, and data management (Okoye & Aniche, 2021).

We recognize the potential for an expanded presence of our social justice- and human rights-based practice profession in the development, implementation, and coordination of humanitarian response efforts for forcibly displaced persons. Furthermore, social workers are well suited to hold management and leadership roles that help ensure that individuals, families, and communities are understood holistically and are centered in their protection and healing. The varied roles of the global network of social workers in the emergency response field, our assessment of the need for increased engagement of social workers practicing in integrative ways, and our recognition of the need for more integrative education for social workers entering this work inspired the development of this book: a single book that integrates key topics of micro, mezzo, and macro levels of social work practice with refugees, asylum seekers, and other forcibly displaced populations.

1.3 Integrative Social Work Practice

The historical division of social work education and practice in many countries into micro and mezzo practice (individual, family, group, and communities) and macro practice (policy and societal structures and systems) does not work for the

humanitarian field, in which effectiveness and efficiency of protection and support depend on interlinking systems of response. Practitioners in this field often have to be able to perform multiple roles, such as generalist practitioner, clinician, program developer, advocate, policy analyst, researcher, etc., requiring frequent movement between practice levels and shifts between prioritizing individual needs and prioritizing changing systems and structures. Therefore, social workers need knowledge and skills in all levels of practice to effectively engage in the complex work of supporting refugees and asylum seekers, which often takes place under challenging and low-resource conditions. This approach to educating social workers is currently absent from many social work education programs across the globe (as described by authors in Roßkopf and Heilmann (2021) and Akilova et al. (2021)). This book provides a vision for more integrative conceptualizations and approaches to practice and education, in order to avoid the false dichotomy of micro and macro practice (Briggs & Fronek, 2019; Salas et al., 2010). An integrative framework is needed to ensure that practitioners are trained to effectively work across the social ecologies of the populations that they serve and the systems they are located within, in order to meet needs of survivors of forced displacement, and to affect change in the systems and structures that impact them.

The breadth of social work roles within the humanitarian field adds complexity to conceptualizing how to develop and maintain the needed knowledge and skills of a global workforce of social workers. The International Association of Schools of Social Work (IASSW) and International Federation of Social Workers (IFSW) are important bodies to turn to as we consider the varied responsibilities of social workers; the core training that social workers around the world receive, which is often informed by both their national context and the time and circumstances of the establishment of the profession of social work in their respective countries; and the specialized training that is needed in the field of humanitarian response and resettlement. The IASSW is a global organization of social work schools and educators established to promote the development of social work education and to facilitate discourse and exchange among social workers around the world (IASSW, n.d.). The IFSW is a global organization that promotes social work practice, strives to protect human rights, and advances social justice on an international level (IFSW, n.d.). The IASSW and IFSW have approved a global agenda for social work and social development,³ global standards for social work education and training,⁴ a global social work statement of ethical principles,⁵ and a global definition of social work⁶ that intends to capture “the universality of social work values and the diversity that characterizes the profession” around the world (IASSW & IFSW, 2020, p. 5).

³ Global Agenda for Social Work: <https://www.iassw-aiets.org/global-agenda/>

⁴ Global Standards for Social Work Education and Training: https://www.iassw-aiets.org/wp-content/uploads/2020/11/IASSW-Global_Standards_Final.pdf

⁵ Global Social Work Statement of Ethical Principles: <https://www.iassw-aiets.org/archive/ethics-in-social-work-statement-of-principles/>

⁶ Global Definition of Social Work: <https://www.iassw-aiets.org/global-definition-of-social-work-review-of-the-global-definition/>

Rooted in the IASSW and IFSW global agenda and demonstrating the need for integrative training and practice in the humanitarian field is the calling of social workers to “each serve to protect the human rights, dignity, and integrity of migrants and refugees and to work for a society in which the right of human mobility is unchallenged” (IFSW Human Rights Commissioner, 2020, para. 5).

Taking an integrative approach to practice can help practitioners and the populations they serve to better navigate common challenges. Practitioners within this field must understand and have the skill to respond not only within their narrow area of responsibilities and tasks but also within the broader context impacting displaced persons’ circumstances and experiences. Chapter 2 of this book provides a comprehensive history of the global refugee response, with case studies from countries in Africa, Asia and the Pacific Islands, Europe, the Middle East, and North, South, and Central America that describe various contexts that have forced people to move internally or across national borders. These case studies again demonstrate the necessity of integrative training of social workers. As the contexts range from climate change and internal or international conflict to individual persecution based on identity, the experiences of displaced people additionally involve various degrees of fear, anxiety, suffering, trauma, loss, grief, and survival, among many other vulnerabilities created by the context of their experiences. The protection provided to displaced people needs to not only focus on their basic survival needs but also requires a complex plan of interventions to rebuild the safety and stability that they lose.

1.3.1 Integrative Social Work Practice: A Response to Challenges in the Humanitarian Field

Core values, principles, theories, and practice frameworks of the social work discipline position social workers well for humanitarian work at all stages of refugees’ and other displaced persons’ journeys. Rooted in human rights and social justice, the field of social work strives to promote “social change, social development, social cohesion, and the empowerment and liberation of people” (IFSW, n.d., Core Mandates para. 1), which are critical for the protection and recovery of those already displaced and for the protection of others at risk of displacement. By advocating for better policies that challenge existing national and global systems of power; promoting social, economic, cultural, and legal integration of displaced persons into their host communities; or working to support those who have returned to their home countries, social workers can play an important role in the protection and well-being of currently or formerly displaced individuals.

Common social work roles and approaches prove to be valuable in humanitarian work. Social workers conducting program development and evaluation, community mobilization, advocacy, and policy analysis strive to design and implement sustainable, effective, and participant-driven services and initiatives. Direct practice social workers promote psychosocial wellness of individuals, families, and communities

by assessing and addressing immediate needs, reducing barriers to accessing resources, planning for future needs, and advocating for displaced persons. Those trained in mental health may promote psychosocial well-being by additionally supporting psychiatric symptom reduction. In humanitarian emergency contexts, this may include implementing global guidelines, such as the IASC (2007) Mental Health and Psychosocial Support (MHPSS) guidelines and World Health Organization and UNHCR (2015) Mental Health Global Action Program – Humanitarian Intervention Guide (MhGAP-HIG), in ways that center the humanity of individuals within their social context. It is important to note that, globally, the conceptualization of “clinical social work” varies considerably or may not exist in certain regions’ conceptualization of social work practice. These variations must be kept in mind when practicing or training in settings where social work education and practice focus more on generalist practice or mezzo and macro level interventions. In these settings, mental healthcare is more likely to be provided by disciplines other than social work. Furthermore, within the field of humanitarian emergency, and in the countries where social work is not professionalized, the focus of training may be on increasing the capacities of the social service workforce such that local workers and paraprofessionals can take over the functions of social workers (Social Service Workforce Global Alliance, 2017).

The interdisciplinary training of social workers prepares practitioners to effectively engage with the variety of other actors in humanitarian response efforts in order to promote the collaborative response needed in crisis response work. The interdisciplinary nature of the needs of forced migrants also calls for practitioners to know the history of regions, nations, and communities; be knowledgeable of global and local politics; understand theories of human rights, social justice, indigenous knowledge and practices, sustainable development, resilience, trauma, health, and wellness; recognize trauma, loss, and grief and support those impacted by them; and consider culturally rooted beliefs, traditions, and practices. Informed by the person-in-environment framework, social work methods may be most effective in creating sustainable change for individual, family, and community well-being and livelihoods. Further, the client-centered and strengths-based approaches of social work recognize survivors as the experts of their own experiences and instrumental in their own healing.

Practitioners conducting social work within the humanitarian response space do not always have professional social work training. Practice with displaced persons often takes place in the context of countries without an officially defined and regulated social work profession (Social Service Workforce Global Alliance, 2017). Some countries may be in the initial stages of developing the profession and, therefore, might not have enough professionally trained social workers to fill existing jobs (Marti Haidar et al., 2021). This gap may be filled by a social service workforce from related professions, such as psychologists, health workers, community workers, etc., or by community members trained in the field as paraprofessional social workers. Most services may be provided by community-based, local nonprofit, or international nongovernmental organizations. Given that the majority of displaced people are hosted within low- to medium-resource communities, Western-based

social work education may not work within these contexts. Therefore, when considering evidence-based methodologies tested within the context of the Global North, it is important to remember that they may be inappropriate or even harmful in other settings (Huth-Hildebrandt, 2021). It is critically important to seek out and understand indigenous and local practices that may provide more effective support and to encourage providers' additional training in these methodologies. As recognized by MSW students who visited other countries to learn about refugee response, "it does not have to be called social work for it to be social work" (Akilova et al., 2021, p. 8).

Social workers strive to promote human rights and social justice in all areas of engagement. Future practitioners aiming to practice locally or globally should be aware of the power dynamics between various local, national, and international stakeholders within the humanitarian response and resettlement fields. Those who control resources and make decisions always have more power than those who have to abide by the rules of others or compete for available funding. Within organizations, especially in INGOs and United Nations institutions, this power dynamic is reinforced when all management roles are shared among community outsiders or foreigners, and local practitioners are employed at lower, non-decision-making ranks. Additionally, when new initiatives are launched in the humanitarian emergency field, most jobs in assessment and program or policy design are completed by temporarily hired, external consultants. While this is one solution to bring expertise that might not exist within the country context, it may also be detrimental to the sustainability or appropriateness of programs. The quality of the work and the inclusion, or lack thereof, of local partners and stakeholders will depend on the consultant's expertise. We have observed too many times international consultants being hired over existing local experts who could have done the job more effectively, cost-efficiently, and more responsively to the local context. Promoting and advocating for decision-making power of local social workers and professionals and integrating existing knowledge and resources into response work are critical in mounting adequate, effective, and sustainable humanitarian interventions. International staff should make every effort to involve the local community, professionals, and service recipients in designing services and policies. The practice of self-reflection through the lens of power, privilege, and oppression should also be part of the everyday tasks of the professionals practicing at various levels of response, as well as part of their training for response roles. Chapter 11 of this book focuses on examples of indigenous-international collaborations from the perspective of a local professional, while Chap. 12 provides clinical skills in working with people from diverse cultural backgrounds and with varying trauma experiences.

Social work centers the individuals and communities being served. The importance of involving displaced persons in every aspect of decision-making affecting their lives further guides social work policy-makers, program-designers, and practitioners to utilize strength-based, resilience, and anti-oppressive frameworks in the field. Examples of this approach include establishing and supporting client advisory boards, conducting client-driven treatment planning, engaging clients in peer support groups, and involving clients in program design and implementation. People who have experienced displacement know what their needs are and what approaches

may work best for them and others who have endured similar challenges. When displaced persons are not included in program or policy design and implementation, programs can be inefficient and ineffective at best and harmful at worst. This participatory and empowerment approach of social work is especially important because most stakeholders at the decision-making level of organizations and programs may lack the experiential and cultural knowledge of the communities that they serve. In international contexts, this issue may be exacerbated within communities that have developed a lack of trust toward outsiders, due to historical oppressive practices by foreign stakeholders (Buth et al., 2018; Wood & Sullivan, 2015). The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) provides an excellent example of refugees' inclusion in program design, leadership, and implementation, as a majority of UNRWA's 30,000 staff are refugees (UNRWA, 2021).

1.4 This Book

The need for social work practitioners who are trained holistically to work with refugees, asylum seekers, and other displaced persons is immense. Currently, the fields of humanitarian emergency response and resettlement are led primarily by practitioners in public health, public policy, human services, and international development, among others. As Dankova (2021) writes, "social workers are perhaps one of the best-kept secrets, yet to be fully discovered by other practitioners in the field of forced migration and international humanitarian aid" (p. 247). With its holistic, strength-based approach, social work has the potential to become a leading discipline in humanitarian response because its theories, frameworks, and breadth of training align with the complex and broad impacts of forced displacement. Social work prepares practitioners to work with individuals, families, communities, governments, and global systems and to coordinate and collaborate across systems; it focuses on individual needs as well as social protection and community-driven transformational change (IFSW, n.d.); it is committed to evidence-based practice that values the experiences of people within their sociocultural context; and it recognizes the impact of this work on its practitioners and promotes their support and well-being.

So, how does social work become a more prominent discipline in this field? Reports of new and ongoing conflict- and climate change-related humanitarian emergencies, increasing numbers of displaced persons, and more restrictive national and international policies and practices have increased many social workers' awareness of global humanitarian crises, but awareness is not enough. Guided by our experiences in international social work practice in the United States and globally, we recommend that the foundational training of social workers be followed by specialized training and supervision that integrates macro, mezzo, and micro levels of practice with forcibly displaced persons.

This book was developed to be a part of this specialized training—to be used in the classroom, supervisory settings, and field. The multidisciplinary authors who have contributed to this edited volume are experts from around the world whose direct practice, research, and policy and development work represent many areas of the humanitarian crisis and relief field. Having contributed chapters focused on a particular context, practice area, or population, this book's authors provide a historical account of humanitarian crises and a range of global responses to them, emphasizing social work and interdisciplinary response frameworks, guidelines, and best practices needed to strengthen readiness for becoming part of international and local responses in ways that align with the values and principles of the social work profession.

1.4.1 Parts and Chapters

Integrative Social Work Practice is organized into three parts. The first part focuses on laws, treaties, conventions, frameworks, and contexts and impacts of displacement, as a foundational base for social workers. The second part focuses on the knowledge and skills needed by social work practitioners to work with survivors of forced displacement and their host communities while attending to their own experiences and needs as practitioners. The third part focuses on specific population groups impacted by forced displacement and resulting specialized responses needed from social workers. The book concludes with a chapter focused on considerations for the future of our field and a glossary of terms used throughout the text.

1.4.1.1 Part I: Laws, Frameworks, and Contexts

In “History of the Global Response to Forcibly Displaced Persons” (Chap. 2), Karolina Łukasiewicz presents a historical account of the root causes of forced displacement and the establishment of the modern global system of protection of displaced populations. Case studies highlight displacement in *Syria* and the twenty-first-century humanitarian protection crisis in Europe, displacement in *Venezuela*, and the *Rohingya* emergency in Asia.

In “International Treaties, Conventions, and Laws on Forced Displacement” (Chap. 3), Daniel Naujoks presents an overview of international laws, refugee status determination, and treaties, conventions, and guidelines for displaced populations. Case studies focus on refugee regimes and status implications in the *European Union*, *Turkey*, and *India*.

In “Humanitarian Coordination and Information Management” (Chap. 4), Sarah Harrison presents emergency response coordination structures and challenges and best practices of information management within the humanitarian system. Case studies focus on coordination models in *Afghanistan*, the *Democratic Republic of the Congo*, *Iraq*, *Uganda*, and *Vanuatu*.

In “Current Mental Health and Psychosocial Support Policies and Frameworks in Humanitarian Settings” (Chap. 5), Merve Kan presents mental health and psychosocial frameworks, guidelines, and practices utilized within the humanitarian field. Case studies focus on identifying mental health and psychosocial indicators in *South Sudan* and mental health reform in *Kosovo*.

In “Future Trends: The Challenges of Climate Displacement” (Chap. 6), Susana B. Adamo presents current and future trends of climate displacement. Case studies highlight climate-related displacement and relocation experiences in the *United States* and *Puerto Rico*.

The following three chapters cover the topic of durable solutions for displaced persons. In “Durable Solutions: Resettlement” (Chap. 7), Dana Al Azzeh, Agnes Nzomene Kahouo Foda, and Ghazal Rezvani present the procedures and complexities of resettlement. Case studies focus on a refugee status determination procedure application and casework of a resettled refugee in the *United States*. In “Durable Solutions: Integration and Host Community Challenges” (Chap. 8), Pinar Zubaroglu-Ioannides presents the benefits and challenges of host community integration of refugees, using *Turkey* as a case study. In “Durable Solutions: Return and Reintegration of Displaced Populations and Reconstruction in Post-conflict Societies” (Chap. 9), Mashura Akilova, Klubosumo Johnson Borh, and Hatem Alaa Marzouk discuss sustainable return and reintegration of refugees and IDPs, as well as policy, programmatic, and clinical considerations for practice with different groups of returnees. Case studies focus on experiences with reintegration in *Liberia* and *Iraq*.

1.4.1.2 Part II: Clinical Needs and Responses

In “Clinical Social Work Practice with Forcibly Displaced Persons Grounded in Human Rights and Social Justice Principles” (Chap. 10), S. Megan Berthold presents principles of human rights and social justice and their application to clinical social work practice. Case studies focus on an asylum seeker preparing for immigration court and a boy from *Central America* detained by immigration officials at the US border.

In “Practicing Internationally: Centering Refugee Voice” (Chap. 11), Hadidja Nyiransekuye, Sarah Moore, Dhrubodhi Mukherjee, and Beverly Wagner present a first-person narrative of a genocide survivor and refugee to facilitate practitioner self-reflection and cultural humility. The case study is of a Hutu woman from *Rwanda*.

In “Culture, Trauma, and Loss: Integrative Social Work Practice with Refugees and Asylum Seekers” (Chap. 12), Mary Bunn, Nancy J. Murakami, and Andrea Haidar present an integrative skills and competencies framework for social work practice with displaced persons. Case examples from asylum and resettlement work in the *United States* are presented.

In “Why Social Work Methodologies are so Important in Delivering Mental Health and Psychosocial Support Interventions for Refugees in Humanitarian Settings” (Chap. 13), Peter Ventevogel and Claire Whitney present the importance

of social work in clinical and community care for refugees impacted by mental health and psychosocial distress. The case study focuses on introducing a clinical intervention in the *Central African Republic*.

In “The Social Work Practitioner: Considerations for Working with Survivors of Forced Displacement” (Chap. 14), Nancy J. Murakami presents important knowledge and skills of practitioners related to identity, positionality, and the impact of humanitarian work on practitioners. Case studies focus on social workers practicing along the *Thailand-Burma border* and at a refugee resettlement agency in the *United States*.

1.4.1.3 Part III: Specific Populations

In “Statelessness and Displacement: The Cause, Consequences, and Challenges of Statelessness and the Capabilities Required of Social Workers” (Chap. 15), Jason Tucker presents foundational knowledge and resources on statelessness and displacement. Case studies focus on the Rohingya people of *Myanmar* and stateless displaced persons from *Syria*.

In “Social Work Practice with Asylum Seekers” (Chap. 16), Tanzilya Oren presents an overview of asylum processes and policies, government responses, and best practices for navigating common challenges. The case examples are focused on *US* and *European country* contexts.

In “Migration of LGBTQI+ People: Sexual and/or Gender Minority Migrants, Refugees, and Asylum Seekers” (Chap. 17), Edward Ou Jin Lee, Ahmed Hamila, Sophia Koukoui, Yann Zoldan, Renata Militzer, Sébastien Chehaitly, Catherine Baillargeon, and Annie Pullen Sansfaçon present key policies, models, frameworks, and approaches for integrative social work practice with LGBTQI+ migrants. The case study provides an in-depth review of an LGBTQI+ migrant health clinic in *Canada*.

In “Social Work with Displaced Children” (Chap. 18), Sana Al-Hyari and Raghda Butros present key history, practices, and approaches related to work with displaced children. The case studies focus on *Jordan*, *Lebanon*, and *Palestine*.

In “Bridging Micro and Macro Practice to Respond to Violence Against Women and Girls in Dynamic Contexts: Lessons Learned from the South Pacific Context” (Chap. 19), Abigail Erikson, Doris Puiahi, and Karin Wachter present innovative multi-sector responses to violence against women and girls and the critical role of social work in this response. Case studies focus on *Melanesia* and the *Solomon Islands*.

In “Lives in the Shadows: International Human Trafficking in the United States” (Chap. 20), Jessica Gorelick and Ileana Taylor present key policies and structures impacting survivors of human trafficking, as well as approaches to addressing their needs and human trafficking more generally. Case studies focus on *Ecuador* and the *Central African Republic*.

1.4.1.4 Looking Forward

In “The Role of Social Work in the Context of Forced Migration: A Global Perspective” (Chap. 21), Mashura Akilova discusses a need for application of critical perspective to social work practice within the field of forced migration and humanitarian response, as well as the role of social workers in disrupting oppressive systems and frameworks of global migration regimes. Future directions for the social work profession and needed skills and knowledge in practicing with forced migrants are presented.

1.4.2 Chapter Structure

To complement their presentation of theories, frameworks, and best practices, authors utilize rich case studies from their practice in the field, the classroom, supervision, development work, policy practice, and research. Case studies illustrate the issues and skills discussed in each chapter and can also be used for pedagogical purposes to analyze and synthesize knowledge gained across the book. Case studies were selected to represent the diverse national and cultural contexts of forced migration; however, we recognize that many regions and populations severely impacted by forced displacement are still not covered.

Chapters end with two sections developed to facilitate deeper learning and analysis. Reflection, critical thinking, and discussion prompts guide readers and instructors to apply chapter content to their professional settings and contextual circumstances. Pedagogy suggestions for instructors, supervisors, and trainers support the application of topics covered in the chapter and across the book. Instructional recommendations include exercises and activities, resources for further study, and approaches to teaching the topics. Some of the chapters also include a short video structured around concepts discussed in the chapter. These videos provide access to the narratives and experiences of chapter authors, survivors of forced displacement, and practitioners working in the humanitarian emergency and refugee resettlement fields.

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Chapter 2

History of the Global Response to Forcibly Displaced Persons



Karolina Lukasiewicz

2.1 Forced Displacement

The history of responding to the needs of people forced to flee their homes due to political violence or natural and human-made disasters dates back to ancient cultures around the globe (Rabben, 2016; FitzGerald, 2019). One of the earliest known responses was described in ancient Greece in the period of c.400–100 BC, where the citizens of Greek Polis offered protection to people displaced by war and conflicts (Gray, 2017). The modern history of responding to the needs of forcibly displaced persons is closely related to the emergence of the modern nation-state, including its exclusive concept of citizenship (Gatrell, 2013). Throughout the nineteenth and twentieth centuries, states monopolized control over people's movement across their borders (FitzGerald, 2019). In the process, a global system of protecting forcibly displaced persons was created. It includes laws and international agreements outlining who forcibly displaced people are and the state's responsibilities to them (Gatrell, 2013; Zolberg et al., 1989, p. 27). Initially, the Euro-centric system, created to address the needs of persons displaced on Europe's territory, focused on people crossing international borders. Displaced persons were able to claim the legal status of a refugee due to fear of persecution based on (1) race, (2) religion, (3) nationality, (4) membership of a particular group, or (5) political opinion (Protocol Relating to the Status of Refugees, 1967). They were then labeled as “statutory refugees” or “recognized refugees” to distinguish them from those considered as not deserving of these labels. This privileged status gave those who were granted it access to various scarce resources, such as admission

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into another country, prioritized access to citizenship, and a right to participate in welfare programs targeted at refugees or the local population (Zolberg et al., 1989).

Today, the only way for most forcibly displaced people to receive protection in the wealthiest countries is to reach those nations' borders and apply for asylum (FitzGerald, 2019). However, many forcibly displaced persons who need shelter can neither get to safety nor prove their refugee status. In many cases, they do not even qualify to receive this status due to limitations in its legal definition. Ultimately, it is a political choice and an ethical judgment of states whether to grant international protection to some while refusing it to others (Zolberg et al., 1989). The process of granting or denying protection has been used to control migration by keeping undesired forcibly displaced persons outside of state territories. Because of the selectivity and power relations involved in refugees' legal protection, the international community engaged in the global refugee regime has begun to expand this selective legal definition. Other categories of people displaced by conflicts are now identified, and the necessity to respond to their needs is increasingly recognized. Such groups include internationally and internally displaced persons (IDPs) due to conflicts, development projects, natural disasters, or trafficking (Bloch & Dona, 2019). The international community is also paying increasing attention to second- and third-generation diasporas and persons at risk of deportation (Fiddian-Qasmiyeh et al., 2014). Gradually, multiple scenarios of displacement have been discussed and addressed by the international community, including people forcibly displaced in protracted situations (PRs) and people forcibly displaced with undocumented or stateless statuses¹ (Milner, 2014; Scheel & Squire, 2014; Edwards & Waas, 2014). Additionally, the premises to be recognized as a refugee have grown in scope, coming to include protections for people displaced due to fear of persecution based on sexual orientation and gender.²

It is imperative for social work practitioners at all levels of practice who serve forcibly displaced persons to be familiar with this history and its implications for their clients. Social work practitioners have to understand and critically analyze the role of their services in a broader historical context and learn from past experiences. To understand their clients' situation, social work practitioners must also understand the arbitrary power relations underlying the global refugee protection system, which is best seen through historical lenses.

2.2 Root Causes of Forced Displacement

The root causes of forced displacement include political violence (ranging from political oppression to civil wars), development, environmental crises, and trafficking (Lischer, 2016). As a result of these events, some people are forced to flee their homes and cross international borders or remain within their state's boundaries as

¹For more information about IDPs, see Chap. 9.

²For more information about granting international protection based on sexual orientation and gender, see Chap. 17.

IDPs. Genocides, politicides (the government's attempt to eliminate a group for political reasons), and civil wars are the primary forms of violence that cause mass forced migration worldwide (Schmeidl, 1997).

Forced displacement has been historically shaped by power relations and used as a tool in political conflicts and civil wars (Hyndman, 2000; Loescher, 2014). It is illustrated well by the situation at the Kenya and Somalia border in the colonial, Cold War, and contemporary period (Hyndman, 2000). First, British colonial powers drew political borders by partitioning the territories historically settled by Somali people. This, together with Cold War politics involving the USA and USSR, contributed to and exacerbated ethnic conflicts followed by forced displacement of Somali people. In response, the global humanitarian regime stepped in with hundreds of millions of dollars and humanitarian workers entering and crossing freely through the Somalia and Kenya border, while forcibly displaced Somali people were required to live in camps and prohibited from crossing the border freely (Hyndman, 2000, p. 59).

Political conflicts that produce forced migration can be categorized into (1) inter-state wars (including anti-colonial wars); (2) ethnic conflicts; (3) non-ethnic conflicts; and (4) authoritarian and revolutionary regimes (Weiner, 1996, pp. 9–11). Inter-state wars involve independent and internationally recognized states. Ethnic conflicts involve linguistic, racial, or religious groups and the state or other ethnic communities. The grounds of non-ethnic civil conflicts are class-based, regional, or ideological. Some authoritarian and revolutionary regimes persecute individuals or deny their rights, which also triggers forced migration.

Additionally, natural and human-made disasters, including famine, can contribute to forced displacement. Although not included in the 1951 United Nations Convention on Refugees (The 1951 Convention), some forced migrants find themselves in so-called refugee-like situations (UNHCR, 2021a). This includes migrants forced to flee the country to which they migrated, such as an estimated five million migrant workers in Kuwait, Iraq, and Saudi Arabia due to the 1991 Gulf War. Forced migration can be caused by many other situations not included in the 1951 Convention, such as colonialism. In Southern Africa, the transatlantic slave trade displaced millions of people. Colonialism contributed further to independence and post-independence wars throughout the twentieth century, resulting in internal and international displacement of millions of people (Crush & Chikanda, 2014). Similarly, forced displacement in Central America and the Caribbean can be traced back to enslavement, mass displacement, and oppression of Indigenous people by Spanish, Dutch, or British colonizers, post-independence wars, and US political influences. Additionally, natural disasters also contribute to mass displacement in this region (Bradley, 2014).

2.3 History of Forced Displacement Post-World War II

The twentieth century is marked by an unprecedented history of displacement. An estimated 40 million non-combatant Europeans were forced to flee due to World War II (Gatrell, 2013). This number includes organized deportations by Nazis in

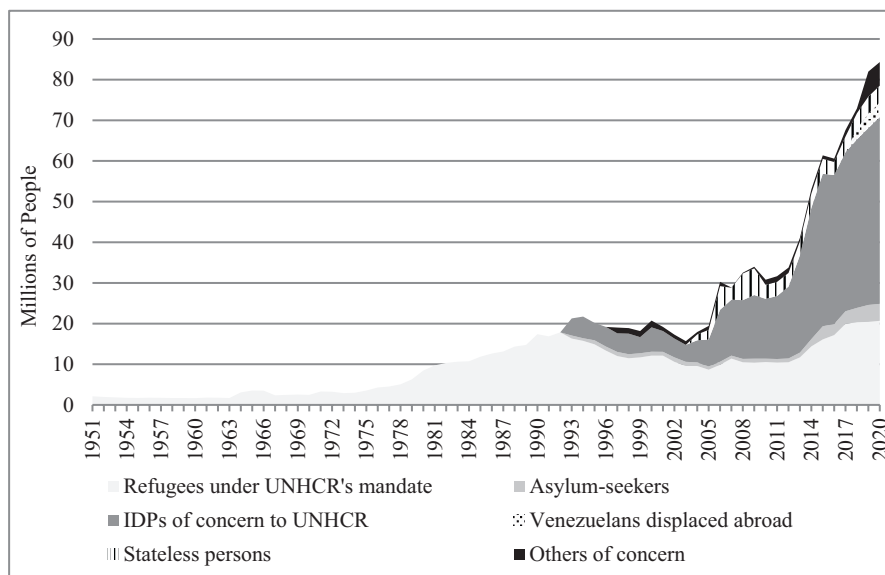


Fig. 2.1 Year's end stock population of UNHCR concern (UNHCR, 2021c). (UNHCR statistical data on persons who are forcibly displaced or stateless is primarily based on data from governments and UNHCR operations. Data on refugees has been collected since 1951, on internally displaced persons since 1993, on asylum seekers since 2000, on stateless persons since 2004, on Venezuelan displaced abroad since 2018, and on others of UNHCR concern since 1997. The last category refers to people who do not directly fall into any of the other groups but are still protected by UNHCR due to “humanitarian or other special grounds” (UNHCR, 2021c))

Germany, Belgium, France, and Eastern Europe; Stalinists' deportations in Eastern Poland and the Baltic States; and opponents of Franco's regime forced to flee from Spain to France.

During the 1950s and the early 1960s, between 1.6 and 2 million refugees per year were identified as in need of international protection (UNHCR, 2021a). Figure 2.1 provides an overview of the global stocks of population of forcibly displaced people from this time period through today. In the 1950s and 1960s, the largest groups of forcibly displaced people were those forced to flee communistic regimes in Eastern Europe. With international support, they were resettled to the USA and Western Europe (UNHCR, 2021a).

By the mid-1960s, the number of displaced people increased to over 3.5 million annually, mostly due to people being forced to flee from the communist regime in China. Out of over two million people who fled from China during these years, over 1.5 million received international protection in Hong Kong. Unlike the situation of forced migrants from Eastern Europe, regional resettlement was the only available option for people fleeing China. Relocation options were blocked by the USA, Canada, and Australia for political (fear of communist infiltration) or racist reasons (Gatrell, 2013; Madokoro, 2012). Instead of recognizing people fleeing China as refugees, the British Colonial administration labeled them as “illegal” immigrants.

By the end of the 1950s, the UN General Assembly recognized this situation as a problem. It urged UNHCR to respond to the crisis with organizations' voluntary support. The support was provided by many Catholic organizations, which besides humanitarian assistance also aimed to Christianize the displaced groups (Gatrell, 2013, pp. 188–189).

Throughout the mid-1970s, the population of displaced persons consistently grew until the early 1990s. In the 1970s, the largest forcibly displaced groups originated from East Pakistan, Indochina, Uganda, Sudan, Chile, Brazil, and Argentina (Loescher, 2014). The displacement in Indochina directly resulted from the 30-year Vietnam War and its implications in Laos and Cambodia (Rumbaut, 1996). Again, the root causes of this displacement go back to the colonial history. The indigenous Vietnamese population oppressed by French colonial powers resisted first French and then US occupation with the support of communists. After Vietnam gained independence in 1948, it was divided into North and South, which resulted in internal and international displacement of over a million people. Over the next 15 years, an additional half a million Vietnamese people were displaced due to the US bombing campaign (Gatrell, 2013). By 1968, due to Vietcong military attacks and US military tactics, the registered refugee population in South Vietnam increased to 1.3 million. Some 30 foreign voluntary agencies were involved in supporting this population; however, in some refugee camps, trading American goods or providing sex work for American soldiers became a norm. Following the 1975 establishment of the Socialist Republic of Vietnam, over two million people were forced to flee Vietnam, Laos, and Cambodia. By the 1990s over a million refugees resettled in the USA and 0.75 million resettled in Canada, Australia, and France.

Displacement in East Africa resulted mainly from colonial powers' disregard for local ethnic groups when drawing political boundaries; the colonial policy of "dividing and ruling"; and underinvestment in manufacturing, education, and infrastructure in the region. For example, the way Italian and British colonial powers arranged the borders in the region of what is now Ethiopia and Eritrea led to the Eritrean War of Independence, which forced 600,000 people to flee to Sudan (Kibreab, 2014). Some managed to emigrate to Gulf States, North America, Europe, and Australia. Between 1977 and 1978, a war between Ethiopia and Somalia over Ogaden, a region of Ethiopia inhabited by ethnic Somalis, forced over a million people to flee to Somalia. A year later, that number reached two million (UNHCR, 2021a, b, c). The US, USSR, and Cuban soldiers were involved in the conflict, which contributed to the Ethiopian army's victory. The Somali defeat destabilized Somalia's political scene and displaced one million people internally and internationally. Meanwhile, in Ethiopia, years of war and terror contributed to the great famine of 1984–1985 and further displacement.

Colonialism and post-colonial struggles were also the root cause of genocide and displacement in Rwanda. After the historically peaceful coexistence of Tutsi and Hutu people in what is currently Rwanda, German and Belgian colonial ruling favored the Tutsi until Rwanda's independence in 1962, when they began supporting the Hutu (Kibreab, 2014; Prunier, 1997; Van der Meeren, 1996). In fear of persecution, 120,000 mainly Tutsi refugees fled to Burundi, Uganda, Tanzania, and

Congo, where some settled in refugee camps. A year later, a failed attack on the Hutu government was launched, which killed between 10,000 and 13,000 Tutsi civilians and forced others to flee by tens of thousands. In 1990, after three decades of struggles in exile, the Tutsi-led Rwandan Patriotic Front (RPF) supported the return of 700,000 Tutsi refugees to the country. Following years of unsuccessful agreements, economic crisis, and the sudden death of Hutu President Juvénal Habyarimana, a genocide began. Between 800,000 and one million people were killed in 5 months by Hutu militias. The United Nations Assistance Mission for Rwanda, which was present in the country beginning in 1993, was prohibited from getting actively involved by the United Nations Department of Peacekeeping Operations. When RPF took control of Rwanda and began retribution on Hutu citizens, some two million fled to Zaire (now the Democratic Republic of the Congo) and Tanzania, where they were perceived as complicit in genocide.

In the 1980s, the number of people displaced and living in refugee camps in Southeast Asia, Central Africa, Mexico, South Asia, the Horn of Africa, and Southern Africa was quickly growing. Among the largest groups in need of international protection in the early 1980s were refugees fleeing Ethiopia (UNHCR, 2021a, b, c).

Beginning in the 1980s and for the subsequent 30 years, Afghanistan has become the country of origin for the world's largest displaced population. From the 1980s until the beginning of the 1990s, the war in Afghanistan forced approximately six million people to flee the country (Monsutti, 2008; Donni et al., 2004). Following the coup against the monarchy in Afghanistan in 1978 and the wake of the Soviet invasion in 1979, almost half of the Afghan population was displaced (Gatrell, 2013). Iran and Pakistan were the top two countries where displaced Afghan people fled. In 1983, Iran started receiving a small amount of funding from UNHCR to support Afghan refugees, who usually settled in low-income urban neighborhoods. Iran continued to struggle to respond to the needs of the Afghan population through the mid-1990s, when it stopped issuing refugee cards and reclassified Afghans as "migrants." Pakistan, on the other hand, placed Afghan refugees in temporary refugee camps where they were discriminated against in many areas of life (Gatrell, 2013).

The consistent increase in the global refugee population peaked after *the end of the Cold War* (UNHCR, 2021a, b, c). In 1993, 21.3 million displaced persons, a record number, were under UNHCR protection, including refugees, a majority of whom were from Afghanistan, Iraq, former Yugoslavia, Rwanda, Eritrea, Liberia, Burundi, and Somalia. The displacement in former Yugoslavia was a result of brutal wars that spanned from 1991 to 2001 following the collapse of the Socialist Federal State of Yugoslavia (SFRY). The conflict exposed failures of coordination between the North Atlantic Treaty Organization (NATO), UNHCR, and NGOs serving the displaced population. The conflict between Croatia and Serbia internationally displaced some 200,000 people, and internally over 350,000, while some 20,000 lost their lives (Gatrell, 2013). Between 1992 and 1995, 2.5 million Bosnian residents were forced to flee, while the international community failed to protect them. The majority (some 700,000 people) fled to Germany, Sweden, and Denmark, while others sought protection in the region (500,000 people in Croatia and Slovenia).

Kosovo's war forced some 400,000 people to flee to Western Europe, North America, and Albania. The "humanitarian" NATO bombing of Belgrade magnified the suffering on all sides of the conflict. Due to the airstrikes, 460,000 Kosovar Albanians were initially forced to flee, and 800,000 consequently fled to Albania and Macedonia.

In 2010, the global displaced population mainly included people fleeing from Afghanistan to Pakistan and from Iraq to Syria and Jordan (over one million and over half a million, respectively). Following the invasion of Iraq by a US-led coalition in 2003, 15% of the population (some four million people) were forced to flee the politically unstable country with a broken economic and healthcare system (Harding & Libal, 2012).

In 2011, among the top displaced groups were people fleeing from Somalia to Kenya (over half a million). This remains the case in 2021. Throughout the 2000s, people displaced from Afghanistan remained the largest share of displaced people until 2013, by which point the war in Syria had begun. Since 2013, Syria has remained the country with the largest displaced population globally. Between 2013 and 2020, the global refugee population almost doubled, reaching 20.6 million in 2020. The number of internally displaced people reached nearly 46 million in 2020.

2.4 The History of the Global System Protecting Forcibly Displaced Persons

Although various displacement crises happened around the world in the mid-twentieth century, the European crisis in particular triggered the development of the international refugee regime (Zolberg et al., 1989). The first ad hoc fundamentals of the regime were set following World War I and in the inter-war period. They included the legal definition of a refugee and the development of specialized agencies. In response to the forced displacement of persons from Russia, Ottoman, and Austro-Hungarian empires in 1921, the League of Nations appointed Fridtjof Nansen as the first High Commissioner for Refugees (HCR) (Skran, 1988; Gatrell, 2013). Established as temporary, HCR soon served an increasing number of refugees fleeing persecution in Greece, Turkey, Bulgaria, fascist Italy, Portugal, Spain, and finally the Nazi regime in Germany. The latter triggered the migration of political opponents and Jewish people at unprecedented rates (Zolberg et al., 1989). In 1933, another High Commissioner was appointed "for Refugees coming out of Germany," and the Convention Relating to the International Status of Refugees was signed (Barnett, 2002). This first international multilateral treaty, a precursor to the 1951 Convention, defined refugees' civil and economic rights and introduced the provision of *non-refoulement*.³ Yet, soon after its establishment, the convention failed to

³Non-refoulement is a principle of international law preventing states from returning migrants to places where they could be tortured or persecuted (Duffy, 2008).

protect Jews escaping Nazi persecution. Initially, HCR responded to refugees' needs through voluntary repatriation and resettlement (Barnett, 2002). The first High Commissioner issued legal identity documents, so-called Nansen passports, for refugees to be recognized internationally. However, no state was obliged to receive the holders of these passports, which was the most visible and troubling in the case of Jewish refugees in the 1930s.

In 1943, more comprehensive efforts to protect European refugees were initiated, with the active support of the USA, when the United Nations Relief and Rehabilitation Administration (UNRRA) was established. The organization operated until 1947 and helped relocate 7 million people (Barnett, 2002). To address the status of the remaining 1.5 million refugees, the International Refugee Organization (IRO) was established. By the end of the 1940s and until Western politicians decided that its mission was over, IRO resettled 70,000 refugees to Eastern Europe and relocated over one million to Canada, Australia, the USA, and Israel. The remaining tasks were entrusted to a new agency established in December of 1949 (Gatrell, 2013; Goodwin-Gill, 2014). The agency was called the United Nations High Commissioner for Refugees (UNHCR), which became the core of the modern refugee regime.

The UNHCR's budget was dependent on members' contributions, and its mandate was limited to serve only Europeans. In practice, even some European nations were excluded from its services, namely, the Allies' ex-enemy civilians, such as German inhabitants of Poland and Czechoslovakia, ethnic Italian residents of Venezia Giulia, or Greek and Macedonian people evacuated by the Greek Communist Party to Eastern Europe (Gatrell, 2013; Barnett, 2002). Stateless populations were also excluded from the UNHCR mandate.

When the 1951 Convention was enacted, it further specified the definition of a refugee, refugee rights, and countries' obligations towards refugees. Initially, 26 primarily North American and European states were parties to the 1951 Convention (Benhabib, 2020). Protection under the 1951 Convention was still geographically limited to European refugees and temporally limited to displacement that occurred before January 1951. Those limitations were removed in the 1967 UN Protocol Relating to the Status of Refugees, with 146 countries as its signatories. The UN definition of a refugee was initially incorporated into the US refugee admission system, but it took the USA 15 years to enact the 1980 Refugee Act, which specified the country's obligations to refugees and standardized the services provided as support (Zolberg et al., 1989, p. 26).

In the years before and after World War II, refugees excluded from protection under the existing global refugee regime included 14 million residents of India and Pakistan, 300,000 civilians forced to flee China in 1937, and millions of IDPs in China displaced due to Japanese invasion and Burma's subsequent invasion in 1942 (Gatrell, 2013). Some of the hundreds of thousands of forcibly displaced Koreans who returned to their homes after experiencing forced labor in Japan continued to struggle due to the Korean War. Eventually, in the 1950s, those displaced from North Korea increased South Korea's population by over 20% (Gatrell, 2013).

Approximately 800,000 stateless Palestinians forced to flee their homes following the creation of the state of Israel were the first non-European migrants to attract the attention of the global refugee regime. At that time, around 750,000 Jewish people also fled the Middle East and Africa and were resettled to the new state of Israel (Zolberg et al., 1989). To respond to the Palestinian population's needs, the United Nations Relief for Palestinian Refugees (UNRPR) was established in 1948 and soon replaced by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), which continues to operate today. The creation of the agency was a byproduct of the United Nations' involvement as a third party in "solving" the Israeli-Palestinian conflict. Both the intervention and the agency were instruments of the unsuccessful US foreign policy of reducing resistance towards Palestinians' resettlement to Arab states. Over the years, UNRWA remained a peripheral agency of the global refugee regime, and the relatively fewer Palestinian refugees under UNHCR mandate continued receiving lesser protection than other refugees (Goddard, 2009).

Meanwhile, UNHCR was mainly focused on refugees fleeing the Communist Bloc to Western Europe and North America. Between 1951 and 1961, around 6.1 million people fled from East to West Germany (Zolberg et al., 1989).⁴ Among those fleeing the Communist Bloc were people displaced due to the Hungarian Crisis of 1956 and repressions following the Czech uprising of 1968.

Over the years, the international refugee regime's mandate expanded from protecting only Europeans to people originating in different parts of the world and displaced before 1951, except for the groups protected by UNRWA (Loescher, 2014). UNHCR increasingly focused on people forcibly displaced in the Global South, which is where, by 1960, the majority of the global population of forcibly displaced persons originated. Although the mandate of UNHCR did not initially include IDPs, UNHCR was already involved in assisting displaced populations in the 1970s in Cambodia, Laos, and Vietnam. The refugee regime increasingly began to understand the need for long-term solutions for people displaced in refugee camps and other settlements outside of their home countries (Meissner et al., 1993). However, due to the global decline in economic growth by the 1970s, countries started introducing restrictions to prevent refugees from entering their territories. This changed the global discourse on refugees such that "deserving" Convention refugees were now distinguished from "undeserving" refugees not fitting into the Convention's definition (Barnett, 2002). Over the years, the focus of UNHCR operations was extended to various "refugee-like situations," which included IDPs. Based on this change, UNHCR was able to respond to Sudanese refugees' needs for the first time in 1972. Since the 1980s, UNHCR has also expanded its activities from providing legal protection to include humanitarian protection of refugees residing in camps. It was also increasingly involved in return migration in Africa and Central America and following the wars in the Balkan region. Since the 1990s,

⁴The exception was Greek Communists who fled to the Soviet Union or other Eastern Bloc countries (Fakiolas & King, 1996).

persons displaced by natural disasters and stateless people have also gained UNHCR's attention.

In response to the record number of 65 million displaced persons in 2016, the United Nations developed a Global Compact on Responsibility Sharing on Refugees (Appleby, 2017). The drafting of this document brought together a wide range of stakeholders, including not only states and nonprofit organizations but also refugees, who were usually excluded from discussing their own situation (Triggs & Wall, 2020). The Global Compact and its Comprehensive Refugee Response Framework aimed at addressing the major failure of the 1951 Convention, which was a mechanism to ensure that protection burdens were fairly shared among states (Hathaway, 2018). Yet, the non-binding legal document failed to reach this goal.

Apart from the UNHCR-focused global refugee protection system, various regional mechanisms have been developed to better address local protection needs, such as the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa or the 1984 Cartagena Declaration developed by Latin American countries (De Andrade, 2014).⁵ Similar to other regional solutions to protect forcibly displaced people, the Common European Asylum System (CEAS), in development by the European Union (EU) since 1999, aims to set standards for the asylum application process and protection across EU states (European Commission, 2021).⁶

2.5 The Global Protection System, Protection Gaps, and Possible Solutions

UNHCR and the 1951 Convention are at the core of the international protection system for forcibly displaced people. One hundred forty-six countries are parties to the 1951 Convention and 147 to the 1967 Protocol.⁷ Mandated by the UN, UNHCR cooperates with countries to protect refugees by facilitating one of three permanent solutions: (1) voluntary repatriation to home countries, (2) permanent integration within host communities, and (3) resettlement in another country (UNHCR, 2021b).⁸ Additionally, 106 members of UNHCR's Executive Committee, together with the UN General Assembly, have authorized UNHCR to serve refugees who have returned to their homeland, IDPs, and persons whose nationality is disputed or who are considered stateless (UNHCR, 2019b). In 2019, 86.5 million people worldwide were identified as of UNHCR concern. The agency had 12,833 staff members and a budget of \$8.636 billion and was present in 130 countries and territories with offices in 507 locations. Governments and the European Union supported 86% of the agency's budget, while private donors contributed 10%. The UN granted the remaining

⁵For more details on international laws and conventions, see Chap. 3.

⁶For more details on asylum seekers, see Chap. 16.

⁷The USA is a party to the Protocol, but not to the 1951 Convention.

⁸For more details on durable solutions, see Chaps. 7, 8, and 9.

3% through pooled funding and intergovernmental donors, as well as through the UN Regular Budget. Although most forcibly displaced people identified by UNHCR this same year were IDPs (50%, compared to 24% refugees), most of the agency's budget was allocated to refugees rather than IDPs (82% and 15%, respectively).

Given its design, the global system of protecting displaced populations has application, implementation, and normative gaps (Türk & Dowd, 2014). The application gaps indicate that many countries which are not parties to the 1951 Convention or made a reservation to the Convention are not legally bound by it. Many non-state parties are among the lowest-income countries, such as South Sudan, Pakistan, or Myanmar.

Implementation gaps relate to the varying ways that states implement their obligations towards displaced populations. These variations create what has been described as the “asylum lottery effect” or “refugee roulette” (Ramji-Nogales et al., 2009). Rates of granting individuals refugee status vary from state to state despite similarities in many refugees' situations. For example, despite the development of the CEAS for EU states, the positive recognition rate⁹ for first-instance asylum applications for Syrian citizens ranged from 100% in Ireland to 33% in Hungary in 2019 (Eurostat, 2021).

Normative gaps in protection relate to the limitations of international refugee law concerning the root causes of modern, large-scale forced displacement. Forced displacement is increasingly triggered by factors not included in the 1951 Convention, such as poverty and economic disruption due to environmental degradation or natural disasters. These limitations and gaps in international law also impact the situation of migrant workers, who are often caught in legal limbo (Türk & Dowd, 2014).

Despite the efforts of UNHCR to work towards the three durable solutions for refugees (repatriation, local integration, and resettlement), scholars and practitioners increasingly view these solutions as inadequate in responding to the needs of displaced people and in some cases as perpetuating protracted refugee situations. Repatriation generates a risk of promoting host countries' interests in refugees' return (Malkki, 1995). Local integration may be difficult due to forcibly displaced communities facing discrimination and social exclusion. Resettlement, however successful for forcibly displaced individuals, is marginal in scale and unobtainable for the majority of globally displaced people. In 2016, less than 1% of the global population of refugees were resettled. For this reason, private sponsorship of refugees, popular in Canada and increasingly in the USA, remains marginal relative to the global number of refugees (to learn more on sponsorship, see Ritchie, 2018; Martani, 2021; Trotta & Wilkinson, 2020).

In response to these challenges, a new mobility-centered approach has emerged (Long, 2014). This approach assumes increased participation of forcibly displaced people in the search for improved solutions and allows them to relocate more freely within a region. Evidence suggests that increased ability to relocate and transfer

⁹Positive recognition rate includes all forms of positive asylum decisions, including the 1951 Convention status, humanitarian status, subsidiary protection status, and temporary protection status.

personal financial savings can improve the political and economic situation of people forcibly displaced internationally or internally. A mobility-centered approach operates successfully when regional citizenship, inclusive of multiple nation-states, is offered and when displaced people have the freedom to move between their country of asylum and origin. The case of Liberian and Sierra Leonean refugees in Nigeria illustrates the successful implementation of this approach. Residence permits issued by the Economic Community of West African States allowed refugees to move freely between Nigeria and their countries of origin, which had positive outcomes both for individuals and for the political and economic situations in Liberia and Sierra Leone (Long, 2014).

2.6 The Current Forced Displacement Emergencies

Out of the 79.5 million people forcibly displaced worldwide in 2019,¹⁰ the majority (60%) were located in Colombia, Syria, Democratic Republic of the Congo, Turkey, Yemen, Sudan, Somalia, Ethiopia, and Nigeria (see Fig. 2.2 for more specific demographic information and statistics). The high number of displaced populations in Colombia can be attributed to the so-called Victim's Registry that commenced in 1985 (Rivas, 2016). Additionally, of the 5.6 million refugees under UNRWA's mandate, 2.3 million were located in Jordan, 1.5 million in the Gaza Strip, 0.8 million in the West Bank, 0.6 million in Syria, and 0.5 million in Lebanon (UNRWA, 2019). As of 2019, 40% of forcibly displaced people around the world were children. Low- and middle-income countries support most of the world's refugee population. In the last decade, high-income countries have hosted less than 19% of refugees (UNHCR, 2019a). In 2019, the majority of the world refugee population was hosted in Turkey (3.6 million Syrian people), Pakistan (1.4 million Afghan people), Uganda (1.4 million), and Germany (1.1 million).

The majority (57%) of forcibly displaced people worldwide originated from only five countries: Syria, Colombia, Democratic Republic of the Congo, Afghanistan, and Venezuela. The top countries of origin of forcibly displaced people are illustrated in Fig. 2.3.

Over 100 million people have been forced to flee their homes throughout the last 10 years (UNHCR, 2019a). The emergencies that have significantly contributed to this number include the civil war in Syria; the political and socioeconomic situation in Venezuela and South Sudan; ethnic cleansing in Myanmar; climate displacement in Africa's Sahel region; conflicts in Afghanistan, Iraq, Libya, Somalia, the Central African Republic, and Ethiopia; and violence in the Democratic Republic of the Congo and Yemen.

¹⁰This number includes refugees under UNHCR's mandate, asylum seekers, IDPs of concern to UNHCR, Venezuelans displaced abroad, and stateless persons. It does not account for the group of "Others" under UNHCR mandate. It also includes 5.6 million Palestine refugees under UNRWA's mandate.

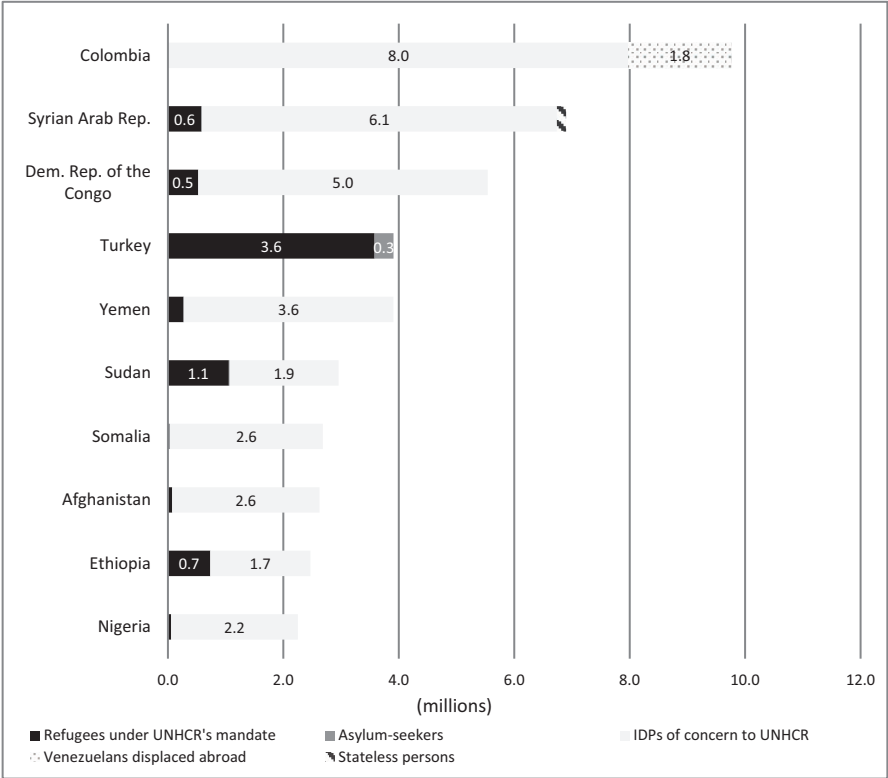


Fig. 2.2 Top 10 countries of asylum in 2019 for forcibly displaced populations under UNHCR mandate. (UNHCR, 2021a)

2.6.1 Displacement in Syria and the European Humanitarian Protection Crisis

The civil war in Syria, which started in 2011, has triggered the largest forced migration of this century (Bloch & Dona, 2019; Chatty, 2018; UNHCR, 2019a). At the end of 2019, over half of the Syrian population (13 out of 21.4 million) was displaced internally and internationally, mainly in Turkey, Lebanon, Jordan, and Germany.

Jordan, Lebanon, and Turkey did not have legal obligations under international law to protect the population fleeing Syria. The first two countries have not signed the 1951 Convention, and Turkey signed it with a reservation to only apply it to refugees originating from European countries. Yet, the Turkish administration arranged, funded, and managed 25 camps that provided access to education and healthcare for Syrian people, and in Jordan, UNHCR sponsored the creation of refugee camps. In the years that followed, only 10% of displaced Syrians were in refugee camps supported by UNHCR. The majority remained self-settled and engaged

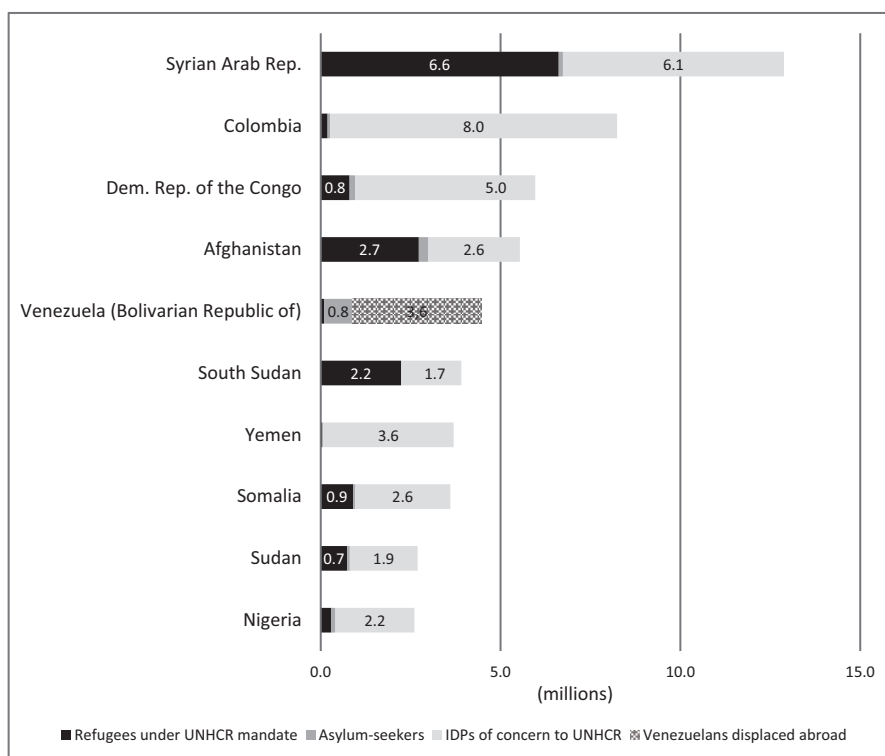


Fig. 2.3 Top 10 countries of origin of forcibly displaced people of UNHCR concern in 2019. (UNHCR, 2021a)

in local economies in the region (Chatty, 2018). The summer of 2014 brought escalation of military conflict in Syria with the involvement of the Islamic State in Iraq and Syria (ISIS). At the same time, the World Food Program suspended food support for 1.7 million Syrian refugees in camps in Jordan and Lebanon due to lack of funding, and Russia began airstrikes to support the Syrian government. These events triggered a new wave of forced displacement from the region due to neighboring countries gradually limiting entry for Syrian citizens (Crawley et al., 2018). Many Syrian people who managed to get to Greek islands tried to relocate further to Germany or Sweden via Macedonia, Slovenia, Serbia, and Hungary. Yet, in mid-2015, the Hungarian government responded by completing the construction of a wall along its border with Serbia, and Macedonia closed its border with Serbia. Still, the number of people who managed to apply for international protection in Europe in 2015 almost doubled and reached a record number of over 1.3 million (Eurostat, 2018). Between 2014 and 2017, over 15,300 people were considered dead or missing while trying to get to Europe via the Mediterranean Sea (IOM, 2018). Among them was the family of 3-year-old Alan Kurdi, who in September

2015 tried to get to the Greek Island of Kos after being denied international protection in Canada. A photograph of Alan's body found by the beach close to the city of Bodrum, Turkey, became a symbol of the humanitarian crisis in Europe.

Although Syrians were the largest group fleeing to Europe during this period, they were joined by migrants fleeing countries in sub-Saharan Africa who had found temporary protection in Libya. The outbreak of the Libyan civil war forced them to flee further. In 2015, most people forced to traverse the Mediterranean Sea to Italy originated from Eritrea, Nigeria, Gambia, Somalia, and Sudan (Crawley et al., 2018).

In response to these continuing humanitarian crises, the EU introduced so-called hotspots to provide initial reception to the needs of asylum seekers in Greece and Italy (Horii, 2018). The EU also planned to relocate some 160,000 refugees to other parts of the continent. However, this plan failed as many countries refused to accept displaced populations. The EU then focused its efforts on protecting its external borders, including along the Mediterranean Sea. It also signed an agreement with Turkey to prevent displaced people from crossing the Turkish-EU border and established a fund to support economic development in African countries in an effort to reduce push factors of displacement (Crawley et al., 2018).

Overall, even though the EU failed to respond to the refugee crisis as a unified body, some individual EU countries took a robust approach to respond to displaced people's needs. For example, in August 2015, Chancellor Angela Merkel delivered a historic speech inviting refugees to Germany. Consequently, 1.2 million refugees arrived in Germany between 2015 and 2016, which was the most significant influx in the country since World War II (Brücker et al., 2020). In Germany, refugees were formally recognized as asylum seekers and received access to housing, medical care, food, and education. After 3 months, refugees in Germany also became authorized to work. Evidence suggests that refugees who arrived in Germany did not spark any economic, political, or social crises, but instead integrated well into the labor market (Brücker et al., 2020).

2.6.2 Displacement in Venezuela

The deteriorating political and socioeconomic situation in Venezuela and violence in Central America contributed to mass forced displacement in 2019. As a result, Central Americans and Venezuelans filed 1.6 million asylum applications in the continent from 2016 to 2019, compared to just 200,000 filed from 2010 to 2015 (UNHCR, 2019b). Between 2010 and 2019, the USA registered 1.7 million asylum claims, including from over 300,000 Venezuelans.

As a result of a political and humanitarian crisis, almost 4.5 million Venezuelans have been forced to migrate to other parts of Latin America, the Caribbean, North America, or Europe (UNHCR, 2021a; Freier & Parent, 2019). That number includes over 93,000 refugees under the UNHCR mandate, almost 800,000 asylum seekers, and 3.6 million others displaced abroad. Venezuela has historically been a country that welcomed refugees and migrants from the region and other parts of the world

(UNHCR, 2018). However, the political and socioeconomic situation in Venezuela has been deteriorating following Hugo Chávez's death in 2013 and President Nicolás Maduro's election. Years of food insecurity, medicine shortages, and the inflation rate, which reached 1.38 million percent by the end of 2018, triggered over 10,000 protests in 2018, followed by state violence against the protesters. These events have led to Venezuelan people's exodus to Latin American countries and other parts of the world (Freier & Parent, 2019). The majority of displaced Venezuelans (53%) fled to neighboring countries, including Colombia (1.8 million people, as of 2019). Due to bureaucratic obstacles, few were able to apply for refugee status and receive it. Undocumented status put displaced people in a particularly vulnerable position in many areas of life (UNHCR, 2018). Simultaneously, based on criteria outlined in the Cartagena Declaration on Refugees, Venezuelans should have been accepted as refugees. Instead, countries in the region started issuing their unique statuses, such as Border Mobility Cards and Special Stay Permits in Colombia, "alternative legal stay" in Peru, a temporary residence for a period of 2 years in Brazil, Visa of Democratic Responsibility in Chile, or visas under the MERCOSUR Residence Agreement in Argentina and Uruguay (Freier & Parent, 2019). All of these programs struggled with accuracy of information, long waiting lists, high application costs, or technical and operational challenges. Despite these issues, the response has been described as more effective than European countries' reactions to the Syrian refugee crisis.

2.6.3 Rohingya Emergency in Asia-Pacific Region

In recent years, one of the largest groups among stateless people of UNHCR concern has been Rohingya people fleeing genocide and crimes against humanity in Myanmar. Rohingya refugees in particular are described as the most persecuted group in the world (Mia et al., 2021; Zaman et al., 2020). The 1954 UN Convention Relating to the Status of Stateless Persons defines stateless persons as those who are not considered nationals of any state. As of 2019, partial data on this population identified by UNHCR indicate that some 4.2 million people worldwide have been considered stateless, including Rohingya refugees in the Asia-Pacific region (UNHCR, 2019a).¹¹

About 1.1 million Rohingya people, who are predominantly Sunni Muslims, have experienced oppression in the current territory of Myanmar for decades (Beyrer & Kamarulzaman, 2017). In 1978, thousands of Rohingya were forced to flee to Bangladesh as a result of military Operation Nagamin, which was carried out by the country's armed forces. It led to expelling any "foreigners" from the northern region of what is now Myanmar prior to the national census. Eventually in 1982, Rohingya were deprived of Burmese citizenship. Since then, the loss of their civil

¹¹ For more details on statelessness see Chap. 15.

and political rights only progressed with persecution escalating further between 1991 and 1992 and again in 2012 and 2017. In 2012, Bangladesh's Foreign Minister Dipu Moni expressed a lack of interest in continuing to accept Rohingya people (Mia et al., 2021). However, for humanitarian reasons, the government accepted a large inflow of Rohingya people in 2017 after one-third of the Rohingya population was forced to flee the country. In 2020, the persecution was condemned by the international community when the UN International Court of Justice at The Hague ordered Burma to protect Rohingya from genocide and described the 600,000 Rohingya people remaining in Burma as extremely vulnerable (Zaman et al., 2020). Rohingya have been internally displaced in camps and internationally in Bangladesh, India, Pakistan, Malaysia, and Thailand. In Bangladesh, nearly a million Rohingya people were settled in camps in Cox's Bazar, and some were recently resettled to a remote Bay of Bengal island (OCHA Services, 2021). They continue to face challenges due to the climate and weather conditions of the region, including heavy downpours with landslides, waterlogging, and the devastation caused by Cyclone Fani in 2019 (Zaman et al., 2020).

2.7 Conclusion

Since the end of World War II, the global system of protecting forcibly displaced people evolved from serving only European refugees to responding to the needs of an increasingly diverse population of 86.5 million people around the world (UNHCR Global Report, 2019b). From its beginning, the system struggled to accommodate the interests of various countries, particularly major financial country donors to the UN, and the needs of displaced people. Through history, various groups have been identified as more or less deserving and offered unequal forms of protection and privileges based on these designations. In this way, power relations have been shaping the global protection system since its inception. Social work practitioners serving forcibly displaced population have to be aware of these dynamics and avoid perpetuating the uneven power relations.

It is a common misconception in North American and European public discourse that these regions carry a significant burden of responding to forced displacement. In fact, the lowest-income nations share the heaviest burden of displacement, due to the policies of highest-income European and North American countries. Through colonial rule, European regimes contributed to political conflicts that forcibly displaced millions across the African continent. US involvement in this region, as well as in South America and in Asia, has had similar outcomes.

The global protection system for forcibly displaced people has three main gaps related to its application, implementation, and norms. Social work practitioners need to be aware of them and understand their own role as part of the system serving the displaced population. Also, the three durable solutions for displaced populations that the system outlines (repatriation, local integration, and resettlement) face increasing criticism. In response, innovations, such as mobility-centered approaches,

are gaining popularity. Social workers can participate in advocating within their communities for more favorable integration and resettlement policies to provide more sustainable options for displaced persons.

Some of the most recent forced displacement emergencies include the displacement of populations from Syria and Venezuela and Rohingya refugees. The Syrian crisis has highlighted the failed response of the international community, but most of all, of the European Union. With the exception of Germany, the wealthiest states have failed to respond to the needs of people fleeing persecution and instead have sealed their borders to prevent those exiled from entering.

2.8 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. How can understanding the history of displacement and response help social workers in their work?
2. How can social work practitioners incorporate into their practice knowledge on the involvement of Europe and the USA in humanitarian response?
3. What are the core elements of the global system protecting displaced populations?
4. Since World War II, in what ways has the global system failed those seeking protection?
5. What are the common misconceptions about forced displacement?
6. How have populations who qualify and who do not qualify for protection under the global refugee system changed over history?
7. What gaps exist in the global refugee protection system, and how can they be addressed?
8. What are some unintended outcomes of the way the global system has been responding to displaced populations' needs?

2.9 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

1. Showing documentaries focused on the global situation of refugees and responses to their needs, such as *Human Flow* (Human Flow, 2017); *4.1 Miles* (4.1. Miles, 2016); or *Targeting El Paso* (Targeting El Paso, 2020).
2. Guest speakers and panels with social service providers who work with forcibly displaced populations. The speakers or panelists can discuss their daily work,

challenges, best practices, and career or volunteer opportunities for social work practitioners.

3. Guest speakers and panels with people who have a direct experience of forced displacement and/or of interacting with the global- or national-level refugee protection system. The speakers or panelists can share their experiences, express their opinions on the most challenging and the most supportive aspects of the protection system, and discuss what social work practitioners should keep in mind while serving forcibly displaced people.
4. Assignment that facilitates critical thinking about the global response to forced displacement and encourages students' advocacy efforts. Such an assignment could be an Op-Ed that uses Standpoint Theory or Critical Race Theory to discuss selected aspects of the global response to forced displacement.
5. Assignment that connects students to global-, national-, and local-level organizations providing services to forcibly displaced populations. Such an assignment can be a "Profile of Service Provider" describing a selected organization's mission, organizational structure, funding, main activities, and the various ways in which the student could become involved.

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Chapter 3

International Treaties, Conventions, and Laws on Forced Displacement



Daniel Naujoks

3.1 Introduction

Few other areas of international mobility are as well-regulated as states' obligations towards those who are forcibly displaced. Refugees as a group enjoy protections under public international law through specific refugee conventions at the global and regional levels, as well as through the application of general human rights norms. This chapter introduces international treaties, conventions, and laws that regulate forcible displacement. With a scope broader than a simplistic legal view of existing norms, the chapter encourages the reader to think about the conditions where legal provisions support upholding the rights of displaced persons.

Populations categorized as forcibly displaced comprise of highly heterogeneous groups and circumstances. While this chapter focuses on legal definitions, it is important to understand that terminological discussions are influenced by meanings assigned in statistical and policy instruments, as well as the media and common parlance. Moreover, multiple definitions exist within each of these categories.

No legal definition for the term "forcible displacement" actually exists. Generally, it is meant as an overarching term to refer to refugees, asylum seekers, and internally displaced persons (IDPs), but it can also include those displaced by disasters, climate change, large development projects, and sometimes victims of human trafficking. Forcible displacement is commonly synonymous with forced migration. Forced migration is generally used in a dichotomous way to distinguish it from

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voluntary migration, which is often equated with economic migration.¹ While there may be important legal distinctions between different migratory categories, recent scholarship shows that people's motives to move are mixed (Naujoks, 2022). Underlying causes, such as war, generalized violence, political repression, or climate change, can often be differentiated from unique circumstances or experiences of events that trigger the decision to move. Additionally, root causes often affect other areas of life that can force people to move. For example, protracted conflict affects livelihoods, health care, education opportunities, and environmental conditions, which can be among a host of other factors that may influence the decision to relocate. While studies may attempt to understand the individual-, mezzo-, and macro-level drivers of mobility, legal categories do not map well onto the complex sociological frame of degrees of voluntariness. Only some of those whose movements can be characterized as *survival migration*, that is, as migrants who seek refuge from an existential threat (Betts, 2013, p. 13), fall under the current protection of the international refugee regime. As the relocation of refugees from countries of first asylum,² mostly in the Global South, to other countries through official resettlement programs has never achieved much scale, so-called alternative pathways to address protracted refugee situations have gained more visibility in recent years (UNCHR, 2019a).³ This includes using labor and student migration channels to provide refugees with access to safe and humane living conditions. The above examples highlight that some forcibly displaced persons may be legally categorized as irregular migrants,⁴ economic migrants, or family migrants and, thus, fall out of the purview of regulations for refugee and displacement-related support structures.

The 1951 United Nations Convention relating to the Status of Refugees (UN Refugee Convention) and its 1967 Protocol define a refugee as a person with a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion. Whereas this definition often serves as the basis for discussion, this chapter will highlight that only a fraction of today's 26 million refugees falls squarely within these bounds. This chapter will introduce and discuss the different legal and policy definitions of a refugee, such as the one from the Organization of African Unity's 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa; national legislation; and UNHCR's "mandate refugee," which encompasses a broader group of people. This chapter will also examine those who obtain complementary, subsidiary, or temporary forms of protection.

¹Carling (2019) argues for an "inclusivist" definition of the term "migrant" that includes refugees, as does Hamlin (2021). Bakewell (2011) and Erdal and Oeppen (2018) discuss conceptualizations of forced migration and the role of terminology.

²A first country of asylum is the first country in which refugees have been recognized as refugees or otherwise enjoy sufficient protection, including benefiting from the principle of non-refoulement.

³Chapter 7 provides an in-depth discussion on resettlement and durable solutions.

⁴Irregular migrants, also referred to as undocumented migrants, do not fulfil the requirements established by the country of destination to enter, stay, or exercise an economic activity.

To categorize legal norms for displaced populations, the next section introduces the *refugee rights cube*. Subsequent sections elaborate on the legal implications of refugee status and refugee status determination by looking at three case studies on refugee regimes and highlighting specific norms for IDPs and stateless persons.

3.2 Categorizing Legal Norms for Displaced Populations

The universe of legal instruments to protect forcibly displaced persons is considerably larger than often assumed. With the aim of broadening the understanding of applicable norms, this section introduces the refugee rights cube, a 3 × 3 matrix that plots important dimensions for rights of those displaced internationally (Fig. 3.1). The matrix’s first dimension refers to the different sources of rights for refugees and other displaced populations. Whereas international conventions and treaties have a prominent role in global discussions and advocacy campaigns, domestic rights are often more relevant when working with forcibly displaced populations. Thus, national legislation, guidelines, and jurisprudence on rights and obligations of displaced persons are the starting point for the understanding

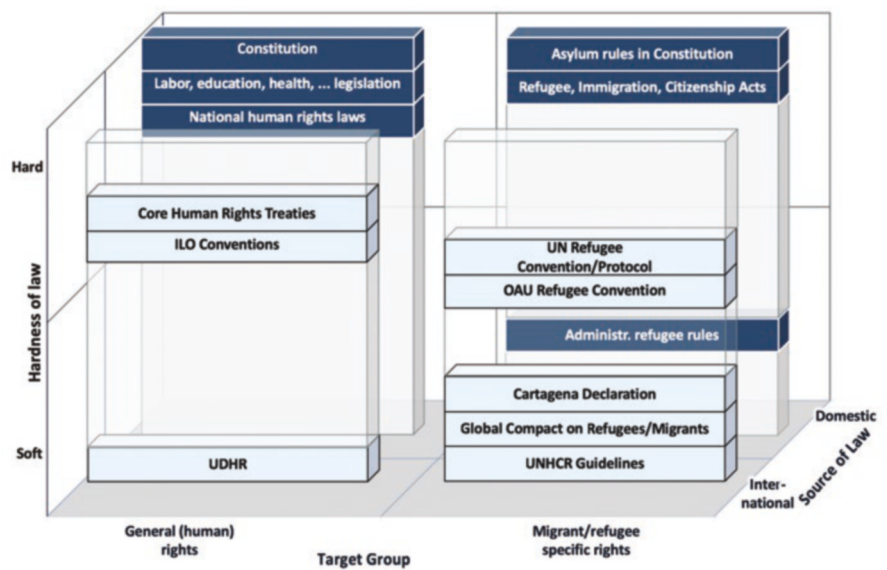


Fig. 3.1 The Refugee Rights Cube. *Note:* The positioning of legal instruments along the “hardness of law” axis is only indicative. The instruments positioned as a block are only done so for readability; they do not necessarily represent differences in hardness. The different colors of the boxes support the visual reading of the depth of the graph, thus dividing domestic (darker) and international (lighter) sources of norms

of their status. It is advisable to always consult the lowest level of legislation. One should start by identifying the administrative regulations that may impact a displaced person's status, the statutory law, and the national constitution and binding regional law, such as in the case of the EU; and only then can one proceed to the sphere of international law.

Along a second dimension, the matrix highlights that displaced persons may claim specific rights that are granted explicitly to refugees, or they may claim general human rights, which are universal and, thus, also apply to refugees. Explicit migrant and refugee rights are often specific interpretations of general human rights norms (Chetail, 2014). This is particularly important in contexts where countries have not signed on to relevant, refugee-specific treaties or adopted pertinent national legislation. Given the lack of an enforcement or accountability structure of the UN Refugee Convention, state parties are able to disregard the letter of the convention. In this case, general human, social, and labor rights may still be applicable, such as the International Labour Organization (ILO) conventions about safety and working conditions. The obligation not to return refugees if their life and physical integrity would be threatened, or *non-refoulement*, is explicated in multiple conventions and international agreements: Article 33 of the UN Refugee Convention; Article 22, paragraph 8 of the American Convention on Human Rights; Article 3 of the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment; Article 3 of the European Convention for the Protection of Human Rights and Fundamental Freedoms;⁵ and the right to life under Articles 6 and 7 of the International Covenant on Civil and Political Rights.⁶

In addition to specific treaties, certain provisions may have become customary international law and therefore bind all states, regardless of whether they have acceded to a specific convention. For example, the obligation of *non-refoulement* is generally believed to have become customary international law (Goodwin-Gill & McAdam, 2007, p. 354). Moreover, some human rights guarantees, such as the prohibitions of torture and slavery, are considered *ius cogens*, that is, peremptory norms that cannot be restricted or suspended for any reason (International Law Commission, 2019). However, the general challenges of enforcing human rights safeguards internationally make holding states accountable to abide by these norms challenging (Samarsinghe, 2018).⁷

The third dimension of the refugee rights cube considers how binding legal norms are, which relates to discussions on hard versus soft law. Generally, hardness of law requires the precision of rules, obligation, and the delegation of powers to a third-party decision-maker (Shaffer & Pollack, 2010). By these standards, most

⁵See European Court of Justice (ECtHR) – Hirsi Jamaa and Others v Italy [GC], Application No. 27765/09.

⁶See Human Rights Committee general comment No. 31 (2004), para 12, comment No. 36 (2018) on Article 6 of the Covenant on the right to life (CCPR/C/GC/36), para. 30; 2019 Teitiota decision, CCPR/C/127/D/2728/2016.

⁷See Hathaway (2021) for the mechanisms of norm enforcement and international compliance with international law.

international and human rights law is not hard, though there are differences in the softness of norms. For example, while Article 14 (1) of the 1948 Universal Declaration of Human Rights (UDHR) guarantees the right to seek and enjoy asylum in other countries, the UDHR is not binding and not associated with any commission or court that could hold countries accountable. The UN Global Compact on Refugees (GCR) is another non-binding, yet important, instrument (United Nations, 2018). Based on 2 years of deliberations, the global community adopted the GCR, which contains a rights-based, operational framework to ease pressures on host countries, enhance refugee self-reliance, expand access to third country solutions, and support conditions in countries of origin for return in safety and dignity (Aleinikoff, 2018; Micinski, 2021).

While many international norms may be difficult to enforce, soft law, such as the UDHR, UNHCR guidelines, or the GCR, can be an influential advocacy tool. Soft law can serve to establish social norms among and within states. The UN Refugee Convention is legally binding, but the obligations are not truly enforceable. Zetter and Ruaudel (2016, p. 5) show that although the UN Refugee Convention gives refugees the right to work, only 75 of the 145 state parties to the convention formally grant this right. However, it is widely recognized that the UN Refugee Convention is a major reference for all discussions on refugee rights and, as such, is shaping national, regional, and global norm negotiations.⁸

3.3 Refugee Status and Refugee Status Determination

Contrary to common perception, there is a multiplicity of refugee statuses; and it is paramount to understand the nuances in terminology, associated rights, and the processes that lead to obtaining such statuses. The differences in the legal conceptualizations matter particularly for individuals' eligibility for specific services, freedoms, and rights.

3.3.1 *Differences in Refugee Status*

The best-known refugee definition comes from the 1951 UN Refugee Convention and its 1967 Protocol that define a refugee as a person who, "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality, and is unable to, or owing to such fear, is unwilling to avail himself

⁸Betts (2009) shows how persuasion by UNHCR and other actors can influence state behavior beyond legal obligation.

Box 3.1: Elements of the UN Refugee Convention's Refugee Definition

1. Person with *well-founded fear* of being *persecuted*, not necessarily having experienced persecution in the past. Persecution includes threats to human rights, life, and serious harm.
2. Persecution happens *because of one of five Convention grounds*: religion, race/ethnicity, nationality, membership of a particular social group, and political opinion.
3. The person is *outside their country of origin**.
4. As international refugee protection is intended to be subsidiary to national protection, the person needs to show that they *cannot ask their state institutions for help*. This is the case when the person is:
 - Unable to avail the assistance of their country of origin*.
 - Unwilling because of fear.

*Country of origin corresponds to the country of *nationality* for nationals or the country of *former habitual residence* for stateless persons.

of the protection of that country”.⁹ Box 3.1 provides clarifications on the key elements of this definition. Persons who obtain this status generally go through a formal refugee status determination process, discussed in more detail below, and are often referred to as “Convention Refugees,” with one important caveat. To be a Convention Refugee, one still needs to be recognized as such by the authorities of states hosting refugees.¹⁰

While it is common to refer to the UN Refugee Convention, it is technically not applicable today because only those fleeing World War II, formulated as “pre-1951 events in Europe,” fall under its refugee definition. The UN Refugee Convention only becomes operational in today’s world through the 1967 Protocol, which removed the referenced temporal and spatial limitation, making the UN Refugee Convention globally applicable. Currently, 146 countries have acceded to the Protocol, making it one of the most globally ratified treaties.¹¹

Whereas the above definition dominates discussions on what it means to be a refugee, Table 3.1 provides an overview of the variety of legal and policy definitions and

⁹See Hathaway (2021), Orchard (2014), and Chap. 2 of this book for an overview of the historical development of the refugee definition. While the gendered language (“himself”) is not seen as challenge for the equal application to all people (Kelley, 2001), we discuss the gendered nature of the process and the legal standards below.

¹⁰I will briefly discuss the declaratory character of states’ determination below.

¹¹Through ratification of the 1967 protocol, states become automatically party to the 1951 Refugee Convention (Article 1 of the Protocol). Only Madagascar and St Kitts & Nevis are parties to the 1951 Convention but not its Protocol.

Table 3.1 Overview of refugee definitions and statuses^a

International definitions	
“Convention refugee” 1951 UN Refugee Convention and 1967 Protocol	The authorities of states that have acceded to the Convention and Protocol recognize refugees as persons who have fled their country because of a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinions (see Box 3.1 for details)
1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa	Includes verbatim the definition from the UN Refugee Convention but also expands to: Any person compelled to leave their country owing to external aggression, occupation, foreign domination, or events seriously disturbing public order in either part or the whole of their country of origin or nationality
1984 Cartagena Declaration	Includes verbatim the definition from the UN Refugee Convention but also expands to: Persons who flee their countries because their lives, safety, or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights, or other circumstances which have seriously disturbed public order
UNHCR mandate refugee	Persons considered by UNHCR to be refugees according to its Statute or under the broader mandate given by the UN General Assembly
Palestinian refugees under UNRWA mandate	Persons, and their descendants, who lived in Palestine 2 years prior to the 1948 hostilities; who lost their homes and livelihoods as a consequence of the conflict; and who live in countries/territories covered by UNRWA, namely, Jordan, Lebanon, Syria, Gaza, and the West Bank. “Persons displaced as a result of June 1967 and subsequent hostilities” is the self-explanatory label for those who are not formally viewed as “Palestine refugees”; however, UNRWA is given a mandate each year to also support this population
National definitions	
National definitions	Though national legislation in many countries is based on the UN Refugee Convention, there are often differences between national and global definitions. In addition to differences in substantive legal conditions, national definitions may change terminology, such as the difference between <i>asylee</i> and <i>refugee</i> in the USA
Complementary, subsidiary, or temporary forms of protection	Rather than grant full refugee status, many national refugee regimes institute statuses that aim to provide protection against removal but that are more precarious, more easily revocable, and temporary in nature (e.g., Temporary Protected Status (TPS) in the USA or Subsidiary Protection in the European Union)

^aAuthor’s conceptualizations and excerpts from the relevant legal instruments

statuses that need to be considered.¹² In fact, only a fraction of the current 26 million refugees have so-called Convention refugee status.

Approximately 5.7 million Palestinian refugees under the mandate of the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) are formally

¹² See Goodwin-Gill and McAdam (2007, Ch.2) for a longer discussion on legal refugee definitions.

excluded from the UN Refugee Convention and its guarantees.¹³ Among the remaining 20.7 million refugees under UNHCR's mandate, 288,000 are "people in refugee-like situation" (UNHCR, 2021), which includes people "who face protection risks similar to those of refugees, but for whom refugee status has, for practical or other reasons, not been ascertained" (UNHCR, 2020, p. 64). It also includes persons who fall under a regional refugee definition, namely, the 1969 Organization of African Unity (OAU)¹⁴ Convention Governing the Specific Aspects of Refugee Problems in Africa and the non-binding¹⁵ 1984 Cartagena Declaration for South America. These instruments, which are geographically limited to Africa and Mexico, South America, and Central America, respectively, also regard groups of people who flee due to external aggression, occupation, foreign domination, or events seriously disturbing public order as refugees.¹⁶

Convention refugee status is desirable for refugees because the convention spells out a host of rights that refugees should enjoy, including the right to education, employment, housing, freedom of movement, welfare, and access to courts. An important limitation is that the bulk of rights are granted to the extent of "most favorable treatment accorded to nationals of a foreign country." Thus, the actual extent of rights depends on whether there are other categories of foreigners who enjoy certain freedoms or privileges. However, a few rights, such as the right to elementary education, are accorded to the same extent as to nationals.¹⁷ Whereas the OAU Convention and the Cartagena Declaration have more inclusive refugee definitions, these instruments do not contain wide-ranging rights. For this reason, obtaining OAU refugee status may be easier, but it is also associated with fewer rights.

Importantly, UNHCR's refugee statistics also include those who are admitted for complementary, subsidiary, or temporary forms of protection (UNHCR, 2020, p. 67). Some countries provide these statuses, which are not directly regulated by international law,¹⁸ to conflict and humanitarian refugees. However, they often entail fewer rights, less certainty, and easier cancellation (Martin et al., 2013, pp. 947–964; pp. 1020–1025). In their book *Arc of Protection*, Aleinikoff and Zamore (2019, p. 79) conclude that "while fairly narrow legal norms restrict refugee status – and the rights that accompany it – to a small minority of the world's displaced, some kind of protection (most importantly, *non-refoulement*) is extended to virtually all 'necessary fliers'" – at least in principle, though this protection is not always honored.

¹³ As per Art 1.D of the 1951 Convention.

¹⁴ The Organization of African Unity was the predecessor of the African Union that was in place from 1963 to 2002. The convention is open to ratification by all OAU member states (Art. X).

¹⁵ However, in 1985, the General Assembly of the Organization of American States approved the declaration.

¹⁶ Where countries are parties to a regional refugee instrument and the UN Refugee Convention, both are applicable in parallel. However, the UN Refugee Convention grants a more substantive set of rights.

¹⁷ In addition, many states have made reservations and declarations that limit their obligations.

¹⁸ Though they are often an expression of the non-refoulement obligation.

In addition to these substantive differences, some countries use special terminology. For example, in the USA, only those who request protection while still overseas, generally within a resettlement process, are referred to as *refugee*, whereas a person granted asylum based on a petition made in the US is considered an *asylee*. However, beyond semantics, both groups enjoy an identical legal status (Blizzard & Batalova, 2019).

While not yet law in any form, academic advocacy attempts have sought to provide an updated refugee definition while also offering an international definition of subsidiary protection. The Model International Mobility Convention (MIMC) suggests an “International Convention on the Rights and Duties of All Persons Moving from One State to Another and of the States they Leave, Transit or Enter” (MIMC, 2017).¹⁹ Doyle (2018, p. 227) explains, the MIMC “expands the grounds for asylum to include ‘forced migrants’ based on a ‘serious harm’ standard that goes beyond state-based persecution. For refugees and forced migrants, the MIMC provides equivalent rights; and it offers rights equivalent to nationals, rather than to aliens, without a waiting period.” Protection against serious harm includes generalized armed conflict and mass violations of human rights, as well as threats resulting from environmental disasters, enduring food insecurity, acute climate, or other events seriously disturbing public order.²⁰

3.3.2 *Refugee Status Determination*

UNHCR (n.d.) defines Refugee Status Determination (RSD) as “the legal or administrative process by which governments or UNHCR determine whether a person seeking international protection is considered a refugee under international, regional or national law.” UNHCR (1977) maintains that “it is obvious that determination of refugee status can only be of a declaratory nature. Indeed, any person is a refugee within the framework of a given instrument if he meets the criteria of the refugee definition in that instrument, whether he is formally recognized as a refugee or not.” This is a rather theoretical perspective. Unless a state officially recognizes a person as a refugee, the person does not enjoy the privileges associated with refugee status. UNHCR does not have the authority to determine individual cases unless a state has explicitly tasked the agency to do so. For this reason, the most important aspect of

¹⁹ The International Mobility Commission – composed of academic and policy experts—debated and developed a model framework on mobility that establishes a framework of minimum rights afforded to all people who cross state borders as visitors and the special rights afforded to tourists, students, labor and economic migrants, family members, forced migrants, refugees, migrants caught in countries in crisis, and migrant victims of trafficking as a consequence of their status (Doyle, 2018, p. 221).

²⁰ See Art. 125 of the MIMC.

refugee law and policy is the question of how persons are recognized as refugees and how they get access to the rights associated with refugee status.²¹

As public international law does not provide clear guidance on RSD,²² it is largely at the discretion of states to determine how to structure their determination processes. This is echoed in the non-committal language on RSD in the non-binding United Nations Global Compact on Refugees: “mechanisms for the fair and efficient determination of individual international protection claims *provide an opportunity* for States to *duly determine* the status of those on their territory in accordance with their applicable international and regional obligations” (United Nations, 2018, para 61, emphasis added). In the majority of countries, government agencies are responsible for determining refugee status; however, in 50–60 countries, UNHCR conducts the process. In about 20 countries, UNHCR conducts RSD jointly with the government (UNHCR, n.d.). However, the vast majority of cases continue to be determined by governments. In 2019, UNHCR received only 5% of the world’s individual applications for refugee status, down from 19% in 2013 (UNHCR, 2020, p. 43).

Beyond conducting the RSD processes, UNHCR provides capacity-building to state officials and has issued significant guidance documents, including the *Handbook and Guidelines on Procedures and Criteria for Determining Refugee Status under the 1951 Convention* (UNHCR, 2019b) and the *Procedural Standards for RSD* (UNHCR, 2016). The latter document provides UNHCR’s thematic guidelines on international protection and country-related material, including eligibility guidelines, protection considerations, and non-return advisories. UNHCR’s Executive Committee also recommended certain minimum procedural requirements for status determination procedures that are grounded in international and regional human rights law, including on the fairness of procedures and the right to an effective remedy (UNHCR, 1981, 2002a, b).

Understanding the *national* legislation, processes, and administrative guidelines is key, though knowledge of *international* guidance documents may support the interpretation of domestic rules.²³ A grasp of the RSD regime includes the institutions and norms that are responsible for conducting RSD and the relationships and powers between these institutions. This generally relates to both administrative processes and the role of courts through juridical review (Hamlin, 2012). Individuals who have sought international protection and whose claims for refugee status have not yet been determined are referred to as asylum seekers (UNHCR, 2020, p. 64). As RSD processes can take up to several years, the legal status of asylum seekers and the rights and freedoms they enjoy are critical.

²¹ See Chap. 7 for details on RSD processes.

²² The 1951 Convention and the 1967 Protocol are silent on RSD procedures (UNHCR, 1977, para 11). Article 1.6 of the OAU Convention simply stipulates that “the Contracting State of Asylum shall determine whether an applicant is a refugee.”

²³ While each country’s rules on the evidence needed to show a well-founded fear of persecution or other grounds for refugee status differ, UNHCR highlights that RSD should not ask for proof in the strict sense but rather conduct credibility assessments (UNHCR, 2013).

An important distinction is whether states adopt an individualized RSD approach or allow group-based recognition. For certain groups, *prima facie* group-based recognition is in place, whereas individual RSD processes are conducted for others. A *prima facie* approach is generally adopted in cases of large-scale influx, when individual determinations are not practical, and where the international protection needs are evident (UNHCR, 2015a).

An important caveat of RSD processes is that they generally need to be initiated and conducted in the country where the individual is seeking asylum. These applications are generally referred to using the Latin and French terms *in situ* or *sur place*. One exception is when RSD processes are done for the purpose of resettlement, however, these are accessible for very few refugees.²⁴ To avoid having to process asylum, many mostly wealthy countries have established a host of deterrence policies that make it hard for those seeking protection to reach state territories. Orchard (2014) has termed the current refugee policies a *non-entrée regime*, and FitzGerald (2019) points to a “catch-22 of asylum policy” where countries support the principle of asylum but adopt sophisticated measures to make it impossible to apply. Deterrence policies include non-arrival measures, such as visa requirements coupled with sanctions for private carriers transporting aspiring refugees to safety without a visa; militarized borders; the externalization of border control to other countries or beyond the national territory; the interdiction of refugees at sea and transportation back to their country of origin before they reach national territory;²⁵ and limiting, hindering, and criminalizing NGO rescue efforts (Gammeltoft-Hansen, 2014; FitzGerald, 2019). In addition, states conceive of procedural measures to limit the legal admission of those who make it to the territory. This includes pronouncing airports as “international zones,” declaring parts of the territory as out-of-bounds for the purpose of immigration and refugee law (as did Australia with its infamous “excision zones”), setting strict time limits to apply for asylum, and establishing rules of supposedly “safe third countries” or “safe countries of origin” (Gammeltoft-Hansen, 2014; FitzGerald, 2019).²⁶

Lastly, both the legal and procedural aspects of RSD are highly gendered (UNHCR, 2002a, b). Gender-specific forms of persecution, such as systemic rape

²⁴ See Chap. 7 for a discussion on resettlement.

²⁵ Intercepting refugees at sea and transporting them back to their countries of origin without providing a meaningful opportunity to apply for asylum is highly problematic. Most refugee law scholars would argue that the practice violates non-refoulement obligations and the spirit of the UN Refugee Convention. However, in 1993, in its notorious *Sale v. Haitian Centers Council* decision (509 U.S. 155), the US Supreme Court did not find that such returns violate the UN Refugee Convention or domestic law. On the other hand, in 2012 the European Court of Human Rights found in *Hirsi Jamaa and Others v. Italy* that this practice can constitute refoulement and violate the prohibition of torture and of collective expulsion of aliens in Articles 3 and 4 of the European Convention on Human Rights. For a discussion of the lawfulness of interdiction at sea, see Martin et al. (2013, pp. 775–789 and pp. 804–814).

²⁶ A person’s asylum petition can be considered inadmissible or manifestly unfounded if said person has transitioned through a country that has officially been designated as safe, or if the person hails from a country that has been declared safe.

of minority women and girls, have been recognized later than other forms of persecution (Kelley, 2001).²⁷ Because persecution based on sex or gender is not an official “convention ground,” women need to be viewed as members of a particular social group in order to be considered for refugee status. Several aspects of women-specific issues remain problematic in many jurisdictions, such as where women face harsh legal and societal consequences for rejecting discriminatory codes with regard to employment, dress, or conduct. It is not always certain that women may obtain refugee protection if threatened by genital mutilation, domestic violence, bride burning, forced marriage, forced abortion, or forced sterilization (Crawley, 2000; Kelley, 2001). Lastly, the RSD process can be degrading and discriminatory, especially when women need to provide details of their trauma to make a credible case. This has important implications for both clinical and advocacy work.

UNHCR’s guidelines on refugee status based on sexual orientation and gender identity state that “individuals experience serious human rights abuses and other forms of persecution due to their actual or perceived sexual orientation and/or gender identity” (UNHCR, 2012b, para 1). The guidelines provide clarity on different scenarios in which lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) individuals can seek asylum.²⁸

3.3.3 *Cessation of Refugee Status*

Article 1D of the UN Refugee Convention and Article 1.4 of the OAU Convention list the following five circumstances for when one’s refugee status ends:²⁹

1. Refugees voluntarily re-avail themselves of the protection of their country of nationality.
2. Refugees voluntarily re-acquire citizenship.
3. Refugees acquire a new nationality and enjoy the protection of the country of their new nationality.
4. Refugees voluntarily re-establish themselves in the country of origin.
5. The circumstances underpinning the recognition as a refugee cease to exist, unless there are compelling reasons for refusing to return.

In addition, OAU refugee status ends when:

²⁷ See Chap. 19 for a detailed discussion on sexual and gender-based violence (SGBV) in the context of forcible migration.

²⁸ In addition, UNHCR (2011) provides information on working with LGBTQI+ persons in forced displacement. For more details on LGBTQI+ migrants, see Chap. 17.

²⁹ UNRWA’s definition of a Palestinian refugee under its mandate does not include these grounds for cessation. However, persons moving out of UNRWA’s territorial jurisdiction are not considered as such anymore.

1. Refugees commit a serious, non-political crime in the country of asylum after their admission.
2. Refugees seriously infringe the purposes and objectives of the OAU Convention (Art 1, para 4, lit (f) and (g) OAU refugee convention).

Cessation because of changed circumstances in the country of origin is generally declared on a group basis. As spelled out by UNHCR's Executive Committee, further humanitarian exceptions may apply for persons whose long stay in the host country has resulted in strong family, social, and economic ties (UNHCR, 1992).³⁰

3.4 Case Studies on Refugee Regimes

This section will introduce three short case studies: the European Union, Turkey, and India. The main objective is to exemplify differences in the statuses, processes, permanency, and legal implications of statuses in these three cases.

3.4.1 *European Union (EU)*

Figure 3.2 illustrates the key components of the *Common European Asylum System*, which includes a range of EU directives and regulations³¹ that standardize the definition of refugees, the reception conditions and rights granted to refugees, the modalities of a fingerprinting database, the status determination process, and how to proceed with those who are not given international protection (Velluti, 2014). While the European asylum regime has been criticized for the ineffectiveness of its responsibility-sharing among member states and a focus on securitizing borders (Stavropoulou, 2016), this short overview primarily aims to showcase the system of rules adopted at the regional level and the diversity in statuses it has created (Table 3.2).

Among all 2.4 million positive decisions to grant international protection by EU Member States in the period from 2010 to 2019, 1.3 million persons, or 56%, obtained full refugee status, while the remaining 44% received a minor form of

³⁰ This echoes arguments by political philosophers that, over time, social membership grants refugees strong claims to long-term statuses and political participation in their countries of asylum; see Carens (2013).

³¹ EU *regulations* are immediately applicable and enforceable by law in all EU Member States, whereas *directives* require national authorities to create or adapt their legislation to meet the directive's aims.

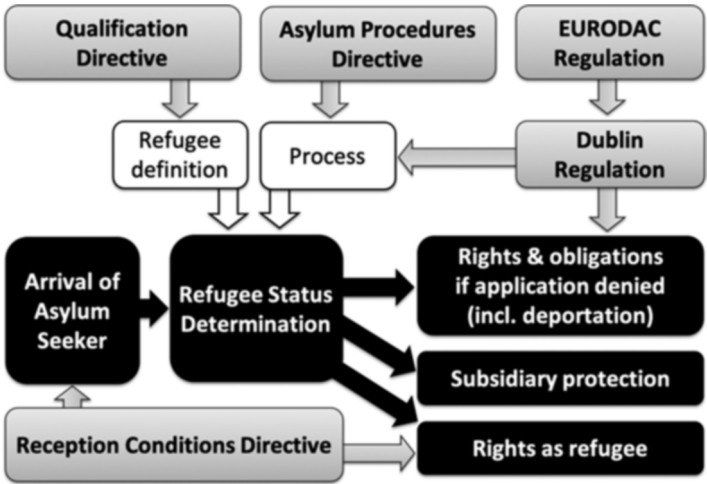


Fig. 3.2 Common European asylum system

Table 3.2 International protection statuses in the European Union

Refugee status	Convention refugee status with the meaning of Art.1 of the 1951 UN Refugee Convention, as amended by the 1967 Protocol (Art.2(e) of Directive 2011/95/EU)
Subsidiary protection	A person who does not qualify as a refugee but, if returned to his or her country of origin, would face a real risk of suffering serious harm and is unable or, owing to such risk, unwilling to avail himself or herself of the protection of that country (Art.2 (f–g) of Directive 2011/95/EU)
Authorization to stay for humanitarian reasons	Status not regulated by EU law but by national law. It includes persons who are not eligible for international protection but are still protected against removal under the obligations by international refugee or human rights instruments. This includes persons who are not removable on ill health grounds and unaccompanied minors
Temporary protection	Status based on a procedure that provides, in the event of a mass influx or imminent mass influx of displaced persons, immediate and temporary protection to such persons, in particular if there is also a risk that the asylum system will be unable to process this influx without adverse effects for its efficient operation (Art.2(a) of Council Directive 2001/55/EC)

Adapted from Eurostat (n.d.)

protection.³² Figure 3.3 shows the development of the composition of positive decisions over the past 10 years. The granting of specific statuses varies significantly by the country that makes the decision and by the national origin of those seeking international protection. This illustrates that, legally speaking, discussions on a unitarian refugee status are misleading.

³² Author’s calculations based on data from Eurostat Asylum statistics.

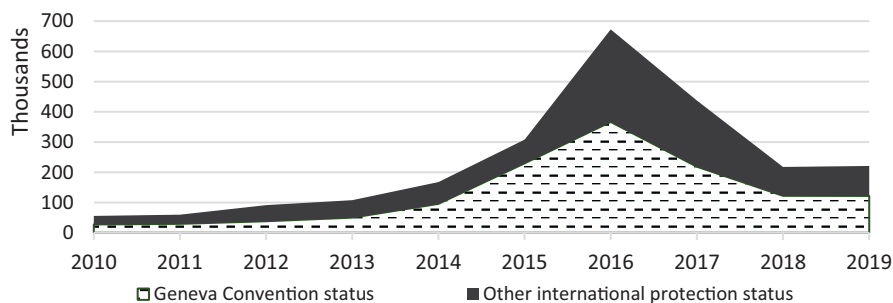


Fig. 3.3 Positive international protection decisions in the European Union (EU28) by type of refugee status (2010–2019). (Eurostat, [n.d.](#))

3.4.2 Turkey

Turkey hosts the largest number of refugees in the world. As sizeable inflows of refugees are relatively recent, the Turkish government had to develop legal, political, and public policy responses in a short period of time. While Turkey is formally a state party to the UN Refugee Convention and the 1967 Protocol, Turkey’s reservation renders this instrument virtually meaningless: it only applies the convention to those fleeing Europe, making the convention inapplicable to the four million refugees it hosts. Turkey established a separate legal status in response to the large influx of Syrian refugees since the beginning of the Syrian Civil War in 2011, called *temporary protection status* (TPS). Conversely, non-European and non-Syrian refugees, such as Afghans, Iranians, or Iraqis, are eligible for so-called conditional refugee status (Ineli-Ciger, 2017; Akar & Erdoğan, 2018).³³ RSD is conducted by the Turkish government, not UNHCR, through its Directorate General of Migration Management.³⁴

The rights accorded to Syrian refugees, as spelled out in Turkey’s 2013 Law on Foreigners and International Protection and the 2014 Temporary Protection Regulation, include rights to education (Çelik & İçduygu, 2019), health care (Mardin, 2017), and employment (İçduygu & Diker, 2017). However, the challenge of ensuring such rights lies in the procedural details. Whereas the 2016 *Regulation on the Work Permit of Foreigners Under Temporary Protection* does not include a general right to work, it stipulates that Syrians may apply to the Ministry of Labour and Social Security for permits to work in specifically determined sectors, professions, and geographical areas (Article 29, para 2). However, Syrians must apply for

³³ Turkish lawmakers invented the term “conditional refugee status” as a category with fewer rights than full refugee status. In addition, the Law on Foreigners and International Protection introduces a “subsidiary protection status” that is modeled after the status in the EU with the same name (Ineli-Ciger, 2017, fn. 72).

³⁴ Until September 2018, UNHCR registered and made referrals of foreigners wishing to apply for international protection in Turkey.

a work permit in the province of Turkey in which they first registered, they must have been on TPS for at least 6 months, and importantly, permits must be sponsored by employers who need to show that no Turkish citizens are available for the position. Additionally, employers must comply with a refugee quota that limits workers with TPS to 10% of employed nationals. For this reason, in 2019, only 63,800 Syrian refugees in Turkey had been granted official work permits, corresponding to merely 3% of the 2.2 million working-age Syrian refugee population in Turkey (Erdoğan et al., 2021).

3.4.3 India

India has traditionally treated refugees well, even though it is not a party to the UN Refugee Convention and its 1967 Protocol. India hosts about 110,000 refugees from Tibet, including the Dalai Lama; 62,000 ethnic South Indians, or Tamil people, who fled from Sri Lanka in response to the Sri Lankan civil war; and refugees from Bangladesh. In addition, UNHCR protects and assists some 36,000 refugees in India, most of them from Afghanistan and Myanmar. India has not enacted any laws or regulations relating to the status of asylum seekers and refugees (Nair, 2007; Naujoks, 2009, 2018). Instead, those persons are governed by the general Foreigners Act of 1946 and the Registration of Foreigners Act of 1939. Dhavan (2004, pp. 43–44) recalls that India's foreigner laws were not only established by the British before India's independence; they were also born out of emergency measures enacted during World War II. Thus, their main objective was to create a system by which foreigners could be arrested and deported.³⁵

In the absence of a refugee law, the Ministry of Home Affairs drew up standing operating procedures to determine refugee status. In most cases, recognized refugees do not have the right of free movement in India and are not entitled to work.³⁶ Indian law requires every person entering the country to have proper documentation denoting permission from Indian authorities. Without such permission, a person is at risk of deportation as an “illegal entrant.” In 2015, the Delhi High Court reiterated that even when it comes to issues of *non-refoulement*, “the Foreigners Act ... confers the power to expel foreigners from India, and such power is absolute and unfettered, and no interference could be made with respect to the subjective satisfaction of the Union regarding their decision to deport a foreign national.”³⁷ However, the

³⁵ Dhavan (2004, pp. 43–44) traces the legislative history from the Foreigners Act, 1864, via the Foreigners Ordinance, 1939, the Enemy Foreigners Order and the temporary Foreigners Order, 1940, to the final Foreigners Act, 1946. See also the “Statement of Objects and Reasons” of the 1946 Act itself.

³⁶ For a detailed overview of India's refugee policy, see Dhavan (2004, pp. 25–6) and Patel (2016).

³⁷ WP(CRL) No.1884/2015, *Kham and Mang vs. Union of India*, 21.12.2015.

court recognized that the right to life, as guaranteed under the Indian constitution, needed to be considered.

India exemplifies that replacing a legal refugee regime with a piecemeal approach of discretionary rules may provide some protection to refugees, but “the absence of clearly defined statutory standards subjects refugees and asylum seekers to inconsistent and arbitrary government policies” (Bhattacharjee, 2008, p. 71).

3.5 Internally Displaced People (IDPs)

With 48 million internally displaced people (IDPs) across the globe, there are twice as many IDPs as there are international refugees (UNHCR, 2021).³⁸ Internal displacement refers to the forced movement of people within the country they live in due to armed conflict, situations of generalized violence, violations of human rights, natural or human-made disasters, or large development projects, such as dams or mines.³⁹ The most important legal instrument is the *Guiding Principles on Internal Displacement* (UN, 1998), which sets out the rights of IDPs and the obligations of governments towards them in accordance with international law. While the guiding principles are not legally binding, they are viewed as specific manifestations of general human rights norms (Kälin, 2014; Cohen & Deng, 1998).

Unlike refugee status, the term “IDP” is merely descriptive; IDPs do not enjoy a special status under public international law (Orchard, 2019). However, IDPs’ protection and human rights needs have been recognized in UN General Assembly resolutions (UN, 2019) and are monitored by the UN Special Rapporteur on the human rights of internally displaced persons, who reports to the UN Human Rights Council. In addition, since 1993, UNCHR has been tasked with specific IDP situations, when requested by the UN Secretary General and with the consent of the state or other entity concerned (see UNHCR, 2015b, 2019c).

An important regional instrument for IDPs is the 2009 African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa, better known as the Kampala Convention. Out of 55 AU Member States, 33 have become party to the Convention, and many have adopted laws or policies to realize its provisions (International Committee of the Red Cross, 2020).

Though some IDPs may be stateless, the majority are citizens of their countries and, as such, entitled to a full range of rights and guarantees. This places them in a somewhat better position than refugees. However, in practice, IDPs are often

³⁸ The Internal Displacement Monitoring Centre (2021) estimates that at the end of 2020, there were 55 million IDPs in the world.

³⁹ The AU’s Kampala Convention defines IDPs as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border” (Article 1 lit. k).

excluded from claiming these rights. Their displacement is often prolonged and associated with heightened vulnerabilities (Kälin, 2014).

3.6 Statelessness

As Chap. 15 focuses specifically on working with stateless populations, this section is limited to a brief overview of the issue from the perspective of international law. A stateless person is an individual who is not considered a national by any state under the operation of its law and, consequently, lacks the protections afforded by citizenship (UNHCR, 2012a).⁴⁰

The principal causes of statelessness are a lack of identity documents, gender-discriminatory citizenship laws that bar mothers from transferring nationality, conflict of differing automatic modes of acquiring citizenship, and issues around state succession (Bloom et al., 2017). While not all stateless persons are refugees, the two issues are linked because statelessness can be caused by displacement, it can lead to displacement, and it can hinder the resolution of refugee problems. In some cases, statuses, such as the British Overseas Citizenship, are established to avoid formal statelessness while in effect creating it (Naujoks, 2020).⁴¹

Statelessness deprives individuals of core economic, social, political, and mobility rights and full participation in society (Belton, 2017). For this reason, the UDHR declares that “everyone has the right to a nationality” and that “no one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality” (Article 15, para 1 and 2). The two main instruments to regulate, avoid, and reduce statelessness are the 1954 Convention on Statelessness, with 97 state parties, and the 1961 Convention on the Reduction of Statelessness, ratified by 78 states.

The 1954 Convention sets out the criteria for statelessness in international law and seeks to ensure that stateless persons enjoy fundamental rights and freedoms without discrimination. The 1961 Convention spells out how stateless persons may acquire or retain nationality. It covers how states grant nationality and regulates the root causes of statelessness by stipulating under what conditions persons may renounce their nationality or be deprived of it, as well as how to address nationality questions in cases of transfer of territory.

⁴⁰ The UNHCR (2014) *Handbook on the Protection of Stateless Persons* explains the definition and procedural considerations. Persons who fall under this definition are *de iure* stateless, whereas persons lacking an *effective* nationality may be considered *de facto* stateless. Massey (2010) discusses the definition of *de facto* stateless persons and the role of UNHCR.

⁴¹ British Overseas Citizenship was adopted to avoid that certain populations in the far-flung corners of the former British empire would become stateless. But as a status that had virtually no rights associated with it, it created *de facto* statelessness where affected persons did not have access to another citizenship (Naujoks, 2020).

3.7 Conclusion: Treaties as Accountability and Advocacy Tools

This chapter highlighted that a multiplicity of global, regional, and domestic legal instruments influence the rights and conditions for forcibly displaced populations. These instruments are often overlapping. From a clinical and advocacy perspective, it is paramount to understand their differences in terms of definitions, processes, and associated rights, as well as the enforceability and hardness of norms. However, holding states accountable at the international level is not the only way to improve the lives of forcibly displaced populations. Working with civil society, displaced persons, domestic and global advocacy coalitions, media, and the private sector can contribute to changing narratives and the application of certain laws. This includes advocacy efforts at the local level. While cities are not formally part of international treaties, they are often key actors that are open to arguments from international law (Thouez, 2020).

The fact that refugee protections can derive from multiple sources of international law has three key implications. First, as states are parties to different treaties, human rights advocates can explore what norms a specific country is bound by and use all pertinent instruments to uphold refugees' rights and freedoms. Second, states choose to incorporate conventions differently into national law. If there are laws that transpose specific treaties into national law, these may provide a better position for claiming such rights before national courts. Finally, different human rights instruments have different international fora, as well as complaints and redressal mechanisms. Conventions with individual complaint procedures or more robust forms of political pressure may be more suitable for holding national governments to account in complying with their international obligations.

Regardless of how feasible it is to hold governments accountable to international standards, hard and soft human rights and refugee-specific norms are important discursive tools that hold significant power. With the right knowledge, one can use this power to close protection gaps for forcibly displaced persons.

3.8 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

- Give at least five different legal or policy definitions of *refugee*, and discuss each one's implications for refugee rights.
- What *sources of law* contain rights for forcibly displaced persons?
- What determines the *hardness of law*, and how does it matter for holding countries accountable?

- In what ways can *soft law* norms influence legal and policy outcomes for forcibly displaced persons?
- What could be equitable and practical mechanisms for *sharing the responsibility for refugees* among states? What role should accepting and resettling refugees, as well as financial and technical contributions, play in this regard?

3.9 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

- As non-lawyers are often reluctant to read legal texts, it will be beneficial to let students read and discuss original treaty texts. Small-group discussions can seek to promote understanding around the structure of conventions or dissect the elements of the UN refugee definition.
- Hypothetical cases can be used to let students apply norms and knowledge to specific situations.
- Martin et al. (2013) combine excerpts from major decisions by national or international courts, with short discussions on the subject.
- Mock RSD interviews can provide insight into the challenges of credibility assessments.
- Naujoks (2021) presents a role-play simulation of the response to large refugee influxes, including the material to replicate the simulation.
- The Model International Mobility Convention (MIMC, 2017) may provide a good opportunity for comparing existing treaties with this model framework. This would highlight differences between the current norms and the higher, yet practical, aspirations from a group of experts. The 2018 special issue *Columbia Journal of Transnational Law* (volume 56, issue 2) features a range of essays that may provide background information for students or the instructor.

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Chapter 4

Humanitarian Coordination and Information Management



Sarah Harrison

Acronyms

AHF	Afghanistan Humanitarian Forum
AoR	Area of Responsibility
BBC	British Broadcasting Corporation
CAAP	Commitments to Accountability to Affected Populations
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
ERC	Emergency Relief Coordinator
ESNFI	Emergency Shelter and Non-Food Items
EVD	Ebola virus disease
GBV	Gender-based violence
GCCG	Global Cluster Coordination Group
GiHA	Gender in Humanitarian Action
HCT	Humanitarian Country Team(s)
HDG	Humanitarian Donor Group
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross

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IDPs	Internally displaced persons
IFRC	International Federation of Red Cross Red Crescent Societies
JIAF	Joint Inter-sectoral Analysis Framework
MIRA	Multi-cluster Initial Rapid Needs Assessment
MHPSS	Mental Health and Psychosocial Support
MPCA	Multi-Purpose Cash Assistance
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
RG	Reference group
TWG	Technical working group(s)
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United National High Commissioner for Refugees/UN Refugee Agency
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
WASH	Water, sanitation, and hygiene
WFP	World Food Programme
WG	Working groups(s)

4.1 Introduction

Coordination is an integral part of effective humanitarian response efforts in all emergencies. Humanitarian aid provision before the invention of the cluster system and other coordination mechanisms was haphazard and full of duplicity and unpredictability. Humanitarian aid workers and governments wish for there to be a coordinated relief response to any emergency; however, the paradox is that no organization nor individual likes to be coordinated. To work in a coordination role is often regarded as less attractive than working in a more technical position or function, such as a social worker, in an emergency context. The skills required of coordinators are not those that many humanitarians are necessarily taught, as coordination work involves more humanitarian diplomacy skills, patience, and an understanding of systems and power (im)balances than pure technical skills in a specific sector. Social workers can be successful in this role, as many of the important “soft-skills” required by humanitarian coordinators are similar to the inherent skills of a “good” social worker, operating in an emergency context too.

Humanitarian coordination in contexts of internal displacement, refugee settings, natural disasters, or public health emergencies often follows a cluster or a sectoral approach. This means that agencies providing health care or water, sanitation, and hygiene (WASH) services tend to cluster or meet to plan and coordinate their response across all emergency-affected areas. This enables a systems-wide

perspective of how one sector responds to needs arising from emergencies; ensures some predictability and accountability in the response; helps direct service delivery and mobilization of key “technical” personnel, e.g., water engineers; develops strategic funding, gap analysis, and planning documents; and links to government line ministries. However, cluster or sectoral coordination approaches present a challenge for social workers involved in emergency response settings, as social work is an inherently multidisciplinary and cross-sectoral service profession. Social work in such settings touches upon a wide range of challenges: legal issues, such as family tracing, alternative care arrangement for children, and legal redress for sexual violence; social care or social welfare, such as for people living with disabilities and their caregivers, as well as care for older adults; health, rehabilitation, and protection issues for survivors of sexual violence, survivors of torture, or victims of explosive remnants of war; and nutrition, including to support pregnant women or new mothers who may be struggling to feed and care for an infant and to provide case management for severely malnourished children.

This chapter highlights the history of humanitarian coordination, how humanitarian coordination works in different types of emergencies, the coordination models currently in existence, which actors are mandated to lead on coordination initiatives and information management, and how social workers can navigate and find space for their important work.

Video 4.1 provides supplementary information on humanitarian coordination and information management.

4.2 Overview of Sector, History, and Coordination Structures

The foundations of the current international humanitarian coordination system were set up by a United Nations General Assembly Resolution 46/182 in December 1991 (OCHA, 2020a). This resolution also created the Inter-Agency Standing Committee (IASC). In 2005, a major reform of humanitarian coordination, known as the Humanitarian Reform Agenda, introduced the Cluster Approach (IASC, 2006). The *cluster system* was created to help governments better coordinate external assistance offered after an emergency occurring on their territory, meaning where internal displacement occurred due to conflicts, natural and technological disasters, and/or public health emergencies. Governments are free to choose whichever coordination system they wish in relation to a specific emergency on their territory. If the cluster system is chosen by them, then the respective government places a formal request with the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) requesting their support to set up the cluster system and, specifically, which clusters the government would like to see activated (see Afghanistan and the Democratic Republic of Congo case studies in Sect. 4.10 for examples). However, the cluster system is *not* activated in refugee-based emergencies, as UNHCR has the mandated lead coordination role in these contexts alongside national governments (see Sect. 4.5 and the case studies of Uganda and Iraq in Sect. 4.10 for examples).

The humanitarian reform agenda created clusters related to specific areas of humanitarian action, giving agencies that provide the same type of services a platform to plan and coordinate the response. Clusters are designated by the Inter-Agency Standing Committee (IASC). In theory, these cluster meetings are equal, accountable, democratic forums built on the Principles of Partnership (Inter-Agency Standing Committee, 2007) where national non-governmental organizations (NGOs), government line ministries, international NGOs, and United Nations agencies can meet to coordinate assessments, identify gaps in humanitarian response, advocate for specific issues, and collectively work through operational challenges (OCHA, 2020a). The Office for the Coordination of Humanitarian Affairs (OCHA) is the UN agency mandated to coordinate relief efforts alongside, and with the permission of, the host (emergency-affected) national government.

Additionally, as illustrated in Fig. 4.1, there are *cluster lead agencies*, which are international agencies that lead a particular cluster based upon their international mandate, expertise, and/or designation by the 2005 Humanitarian Reform Agenda. Cluster lead agencies consist of UN agencies, along with Save the Children International and the International Federation of Red Cross Red Crescent Societies

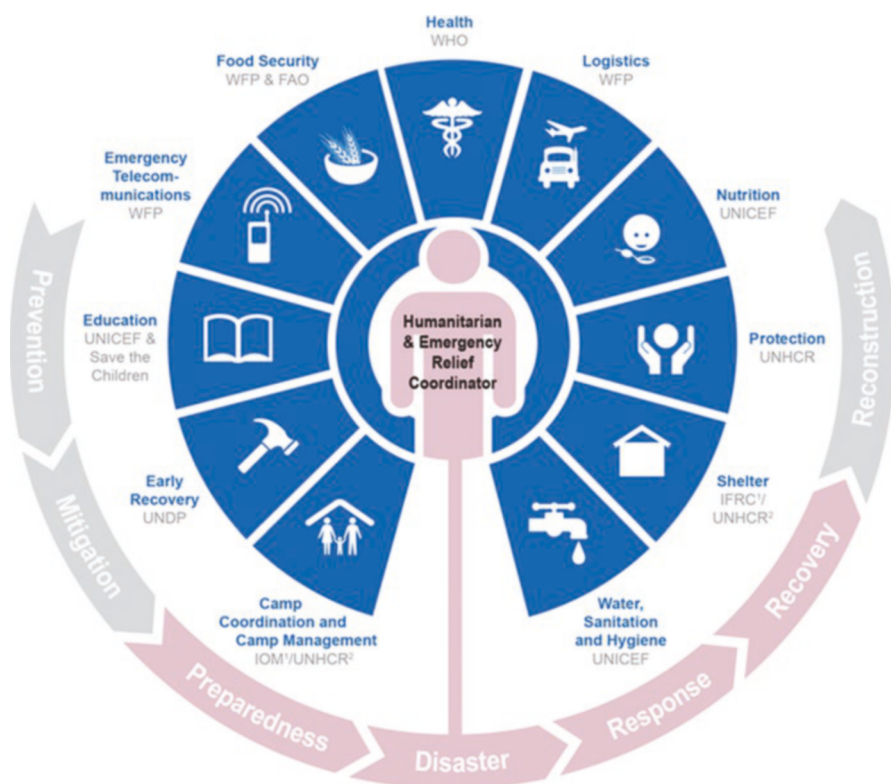


Fig. 4.1 The humanitarian cluster system, with cluster lead agencies at country and global levels. (OCHA, 2020a)

(IFRC). The cluster lead agencies meet together at a global level, in Geneva or, virtually, in Global Cluster Coordination Group (GCCG) meetings convened by OCHA. These meetings mirror country-level, inter-cluster coordination group (ICCG) meetings, which are convened by Humanitarian or Emergency Relief Coordinators – positions based with OCHA. At the country level, cluster lead agencies are responsible for staffing clusters with a coordinator position, drafting respective chapters in humanitarian response plans and humanitarian needs overviews, advocating and representing clusters at inter-cluster working groups, coordinating cluster activities, and working alongside relevant government line ministries. In some contexts, funding is also channeled through cluster lead agencies for onward dispersal to other cluster members, such as national NGOs and international NGOs.

For social workers, the clusters of greatest relevance are Protection, including its four Areas of Responsibility (AoRs), Child Protection, Gender Based Violence (GBV), Mine Action and Housing, and Land and Property; Education; Health; Camp Coordination and Camp Management; and Nutrition. There are also a few cross-cutting technical working groups (TWGs) that do not easily fit within the “pilared” or vertically structured cluster system, including mental health and psychosocial support (MHPSS), cash-based programming, and gender issues. Country-level MHPSS TWGs and the corresponding global-level IASC Reference Group on MHPSS (IASC MHPSS RG) are of particular relevance for social workers, as they are the only groups that work transversally across the clusters at country level to achieve improved psychosocial well-being and positive mental health outcomes. Figure 4.2 illustrates the placing of MHPSS WGs within country-level humanitarian architecture. Cross-cutting technical working groups struggle for space and attention within the cluster system because they do not have a designated and

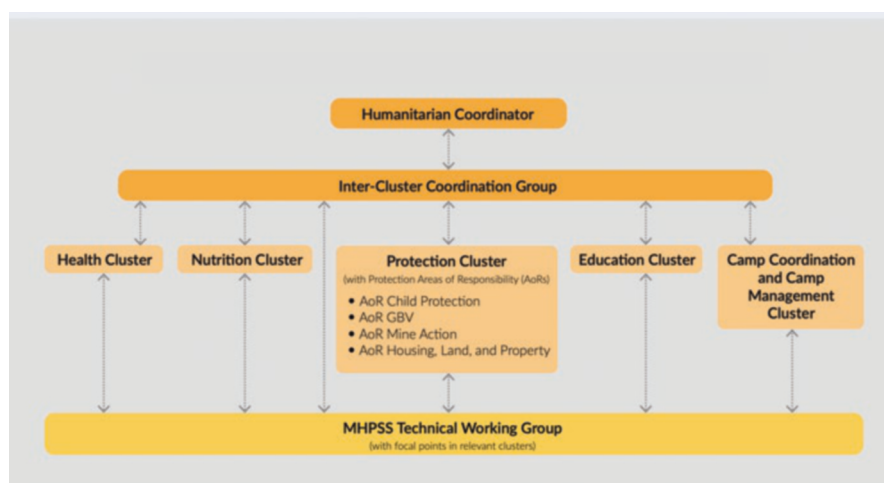


Fig. 4.2 MHPSS coordination within the humanitarian cluster system at country level. (Reproduced from Harrison et al., 2020)

permanent cluster lead agency, so the accountability for their activities, such as the delivery of case management services, remains with the clusters. The MHPSS WGs at the country level and the global IASC MHPSS RG are centers of technical excellence and operational quality assurance; they are not platforms for operational planning and execution – these processes remain within the respective clusters or sectors at country level. Please refer to Chap. 5 on *MHPSS Frameworks*, Chap. 12 on *Culture, Trauma and Loss*, and Chap. 13 on *MHPSS Interventions* for further information on the role of social workers in responding to people living with mental health conditions in emergency contexts.

Two humanitarian system-wide evaluations of the cluster system have taken place since its inception in 2005. The first evaluation was finalized in 2007 and focused on the implementation of clusters, and the second was conducted in 2010 and focused more on the impact of the cluster approach in improving the quality, accountability, and predictability of humanitarian assistance (OCHA, 2020a). The outcomes of these two evaluations led to the 2011 IASC Transformative Agenda, aimed at simplifying coordination processes and improving humanitarian outcomes for populations affected by emergencies.

In 2011, the IASC Principals, the Heads of agencies that make up the IASC, sought to return the clusters back to their original purpose of helping a government to better coordinate the external assistance offered after an emergency occurring on its territory, refocusing cluster activities on strategic and operational gaps, with the aim of improving accountability to affected populations. Through the Transformative Agenda, the IASC Principals designated six priority areas for all clusters, as outlined in Table 4.1.

Table 4.1 Six priority areas for country-level clusters in humanitarian emergencies (OCHA, 2020a)

1.	Supporting service delivery by providing a platform for agreement on approaches and elimination of duplication
2.	Informing strategic decision-making of Humanitarian Coordinators and Humanitarian Coordination teams for response, through coordination of needs assessment, gaps analysis, and prioritization
3.	Planning and strategy development, including sectoral plans, adherence to standards, and funding needs
4.	Advocacy to address identified concerns on behalf of cluster participants and affected populations
5.	Monitoring and reporting on cluster strategy and results; recommending corrective action where necessary
6.	Contingency planning, preparedness, and national capacity building where needed and where capacity exists within the cluster

4.3 The Operational Framework for Accountability to Affected Persons

In December 2011, the same year as the Transformative Agenda, the IASC Principals, with the exception of the International Red Cross Red Crescent Movement, endorsed five commitments to accountability to affected populations (CAAP): (1) leadership/governance; (2) transparency; (3) feedback and complaints; (4) participation; and (5) design, monitoring, and evaluation (IASC, 2012). The IASC Principals agreed to incorporate the CAAP into the policies and operational guidelines of their respective organizations and promote them with operational partners, within Humanitarian Country Teams (HCTs), and among cluster partners. Some of the commitments may be familiar to social workers who are aware of the Global Social Work Statement of Ethical Principles that guides international social work (International Federation of Social Workers, 2018) (Table 4.2).

An Accountability to Affected Populations Operational Framework (hereafter “Operational Framework”) was created by an IASC Task Team in 2013 to summarize the key concepts for designing and running programming within humanitarian settings and to make humanitarian response efforts more accountable to affected populations (IASC, 2013). It includes a list of activities and indicators to help guide agencies to better engage with affected populations and to target programs to their needs. The Operational Framework also acknowledges that affected populations are not a homogenous group, “but rather there are differences among population groups on the basis of sex, age, disability, ethnicity and other social markers of exclusion” that must be acknowledged and fed into programming (IASC, 2013, para. 3). The objectives of the Operational Framework linked to phases of the emergency response include preparedness, during assessment, project design and planning, implementation, service delivery, monitoring and evaluation, and learning.

Table 4.2 The eight objectives of the accountability to affected populations operational framework (IASC, 2013)

Objective 1: System-wide learning and establishing means of mainstreaming and verification
Objective 2: Systematically communicate with affected populations using relevant feedback and communication mechanisms
Objective 3: Ensure that accountability to affected populations is effectively integrated within systems for planning needs assessment and response
Objective 4: Ensure that accountability to affected populations is effectively integrated within needs assessment methodology, including joint needs assessments
Objective 5: Ensure that accountability to affected populations is effectively integrated within systems for project design and planning
Objective 6: Ensure that accountability to affected populations is effectively integrated throughout the implementation of projects
Objective 7: Ensure that accountability to affected populations is effectively integrated in distribution programs
Objective 8: Ensure that accountability to affected populations is effectively integrated throughout the implementation of projects

Effective accountability to affected populations rests upon their full participation in emergency response initiatives. Participation in response efforts is an empowering vehicle that enables local, affected people to be active agents in the rebuilding of their families and communities; it enables them to use their own skills, knowledge, and competencies. The principles of partnership and participation are well-known to social workers, who also follow a strengths-based approach when accompanying clients to solve their problems and make decisions. An operational expression of accountability is the national hotlines set up in Iraq in 2018 by the humanitarian community to better interact with populations living in highly insecure areas with minimal humanitarian access (see Iraq case study in Sect. 4.10 of this chapter). The hotlines are operated by UNOPS Iraqi staff, on behalf of OCHA, and were used for assessments, monitoring (e.g., after relief distributions), and information dissemination and as complaints and feedback mechanisms.

True accountability is difficult to achieve in the UN-led humanitarian response system that overall remains western-centric and centralized. Accountability often means power-sharing or devolving power away from headquarters (HQ) or capital cities and allowing affected populations to be in control of rebuilding their family or community after a crisis. It also requires the precious commodity of trust, which takes time to build. Unfortunately, there is never enough time in sudden-onset emergencies (e.g., natural disaster, public health emergencies, or outbreaks of violence/conflict). Trust in practice means that an affected person's complaint or feedback will be taken seriously and will not result in cutting off relief supplies or funds; that they will not be ridiculed when sharing their needs or vulnerabilities during assessments; and that affected people will be included in program design and implementation efforts. It is easier and certainly possible for humanitarian actors to follow the above "Operational Framework," in more protracted crises (e.g., Iraq, Uganda) as they accompany affected populations through rebuilding or for refugees through reaching a durable solution.

4.4 Disaster Management and Coordination by the International Red Cross Red Crescent Movement

The International Federation of Red Cross Red Crescent Societies (IFRC) and its 192 National Societies strive to reduce the impact of armed conflict, natural disasters, and other emergencies. National Societies are an auxiliary to their national governments, providing emergency response and other services. Their activities and mandates are grounded in national law and the Statutes of the International Red Cross Red Crescent Movement (hereafter "The Movement"), which consists of the IFRC, the 192 National Societies, and the International Committee of the Red Cross (ICRC). The Movement pre-dates the creation of the United Nations and the current humanitarian system, and thus it operates a separate emergency response system

from that of the United Nations. The ICRC is the custodian of the Geneva Conventions and International Humanitarian Law, and along with the auxiliary role of the 192 National Societies, they have a “privileged” dialogue with the 196 State Parties to the Geneva Conventions and specific communication channels with state and non-state armed actors. National Society coordination, engagement, and humanitarian diplomacy occur with a wide variety of actors external to The Movement, including national, provincial, and local authorities (including civil protection and military personnel); non-state armed actors or groups; the private sector; and the broader humanitarian community.¹ The IFRC is responsible for compiling appeals or requests for funding support internally and externally to The Movement, in response to emergencies and disasters, and channeling the finances flowing from these appeals to the respective National Society. In conflict-based emergencies and international armed conflict, the ICRC takes the lead, often alongside the respective National Society.

IFRC’s priorities “in disaster risk management are to save lives, reduce suffering and uphold human dignity” (IFRC, 2017). The emergency-affected National Society is the lead in the respective emergency response initiatives, while the IFRC supports the coordination of external assistance from other partnering National Societies. Unlike the cluster or refugee sectoral coordination models, the Movement adopts a more integrated programming response and recovery programming approach, where key “inter-relationships exist between shelter, health, water and sanitation, the environment, protection activities, livelihoods, restoring family links (family tracing), and mental health and psychosocial support in affected communities” (IFRC, 2017, p. 4). IFRC believes that integrated programming ensures a holistic understanding of families’ and communities’ needs and capacities, which is used to inform IFRC operational and humanitarian diplomacy responses (IFRC, 2017, p. 4).

Social workers operating in emergency contexts within the humanitarian community, including the UN, or civil society may come across Red Cross Red Crescent volunteers and staff providing emergency response and relief services. Services related to social work include mental health, social care, and psychological support services in accordance with the respective National Societies’ mandate and auxiliary role. In addition, there are almost 9300 social workers occupied within the Movement; of these, 5300 are usually volunteers through their respective National Society, while the remaining 4000 social workers are staff members (International Red Cross Red Crescent Movement, 2021).

¹The International Red Cross Red Crescent Movement consists of the IFRC, the International Committee of the Red Cross [ICRC], and 193 National Societies. The relationships within the Movement are governed by a different framework, comprising the Statutes of the Movement, the Seville Agreement, and its Supplementary Measures. Coordination and cooperation structures with Red Cross Red Crescent actors are guided by the Strengthening Movement Coordination and Cooperation Initiative [SMCC] in situations where National Societies, IFRC, and ICRC are involved.

4.5 Refugee Coordination: The Mandate of UNHCR

The United Nations High Commissioner for Refugees (UNHCR) is the only UN-mandated agency responsible for the protection of refugees and stateless persons until durable and permanent solutions are found for refugee populations. UNHCR derives this mandate for the international protection of refugees and stateless persons from its Statutes and is overseen by the UN General Assembly. Unlike the humanitarian cluster system, which supports states in the coordination of emergency response activities for internally displaced individuals, UNHCR is responsible for the coordination of assistance to refugees, the provision of protection to refugees, obtaining durable solutions, and advocacy on behalf of the rights of refugees and stateless persons (UNHCR, 2019). Please see Chaps. 7, 8, and 9 for further information on “durable solutions” in relation to “resettlement,” “integration and host community challenges,” and “return and reintegration,” respectively. Furthermore, unlike other UN agencies, “UNHCR has a supervisory role to ensure that States adhere to internationally accepted standards with respect to refugees and stateless persons and for strengthening States’ capacity to protect such persons” (UNHCR, 2019 para. 3). UNHCR formalized its Refugee Coordination Model in 2014 (UNHCR, 2014) and further updated it in 2019 to reflect the changes in the humanitarian landscape and the Transformative Agenda – principally, the need to invest in partnerships to effectively deliver on its mandate to coordinate international protection and assistance for refugees and stateless persons. Two UN General Assembly Resolutions, A/RES/69/152 and A/RES/70/135, “have confirmed the Refugee Coordination Model (RCM) and UNHCR’s mandate to lead and coordinate the refugee response” (UNHCR, 2019, para. 4). UNHCR’s coordination approach is applicable whether refugees are living in camp settings, in settlements, or in non-camp settings such as cities or towns where they live alongside the host population.

Refugee response coordination is similar to cluster coordination, but rather than clusters, it is usually structured according to sectors, such as the protection sector or a protection working group, with stronger government-led or inter-agency coordination mechanisms. A summary of the key points within the Refugee Coordination Model is outlined in Table 4.3, with further case study examples from Uganda and Iraq in Sect. 4.10 of this chapter. Many humanitarian contexts around the world are called “mixed” settings (UNHCR & OCHA, 2014) as they include both internally displaced persons (IDPs) and refugees residing in the same territory. IDPs and refugees may be affected by the same regional conflict or disaster, and they may have differential causes of displacement. For example, a conflict in a neighboring territory can cause refugee flows, while a public health emergency in a host country can affect both refugees and the country’s population. In contexts where both internally displaced people and refugees exist within the same country, UNHCR, the host government, and the Humanitarian Coordinator (appointed by OCHA) determine which inter-agency coordination mechanism is best and where it should be located. If there are refugee camps or a concentration of refugees residing in one or a few

Table 4.3 Refugee coordination model key points (UNHCR, 2019)

UNHCR is accountable for coordinating refugee response as follows:
1. Preparedness
2. Protection strategy
3. Resource mobilization
4. Sectoral setup
5. Coordination forum
6. Information management
7. Information sharing

provinces or governorates in a country, then a separate refugee coordination model led by the host government will likely be developed, with UNHCR as co-lead. The number of sectors activated to help coordinate the refugee response is dependent on UNHCR’s discussions with government authorities, which vary greatly depending on the context. Unfortunately, many refugee settings have been in place for more than 10 years, so refugee coordination mechanisms tend to outlast any clustered response overseen by OCHA.

Similar to a clustered humanitarian context, the protection sector or protection working group, the camp coordination and camp management, and health sector groups are the most pertinent for social workers in refugee response contexts. The protection sector is usually large in refugee response emergencies, as there are no differentiations by Areas of Responsibility (AoRs) as in the cluster system. Therefore, agencies working on community-based protection, child protection, and gender-based violence all attend the same protection sector meeting led by UNHCR. In many refugee contexts, there are also cross-sectoral mental health and psychosocial support working groups (MHPSS WGs) that are technical forums drawing on health, protection, and community-based protection workers to deliver MHPSS services to refugees. These groups are particularly relevant to the field of social work. Some of the oldest MHPSS WGs originate in refugee settings, such as the MHPSS WG in Amman, Jordan, which was created in 2008 to support Iraqi refugees and then expanded in 2011 to include Syrian refugees and in 2020 to include a public health response to COVID-19. Similar MHPSS WGs exist in Bangladesh, Kenya, and Uganda. Please see the case studies in Sect. 4.10 later on in this chapter to learn more about the different coordination models in operation in “mixed settings.”

4.6 Area-Based Coordination: A Different Approach to Coordination

Area-based coordination is not a new concept. It has often been used and discussed over the past 10 years; however, it has recently gained increased attention from donor agencies, such as the European Commission’s Humanitarian Affairs Office

(ECHO), national governments, and many national NGO or national civil society actors. As a result, area-based coordination is growing in popularity as the cluster system is falling out of favor. There have been very few recent emergency situations in which a host national government has requested the activation of the cluster system for response coordination. In the past 7 years, virtually no South American, Asian, or island states (such as the Pacific Islands or Caribbean countries) have opted to implement the “traditional” cluster system as the coordination system of choice after a natural disaster. The cluster system has also struggled to meet contemporary challenges of public health emergencies, such as the COVID-19 pandemic or Ebola virus disease outbreaks in West Africa and the Democratic Republic of Congo, or to appropriately coordinate the complex, protracted, and multifaceted nature of most emergencies today that stretch across humanitarian, development, and reconciliation paradigms.

Because it is driven by large UN bureaucracies, the cluster system is inherently conservative and has been described as being behind the humanitarian curve (Konyndyk et al., 2020). Cluster contexts tend to be capital city-focused and adopt centralized decision-making models that are dominated by large UN agencies, mirroring their own internal structures with overlapping funding and coordination mandates. The combination of these factors can severely limit the participation of national NGOs in key decisions and cluster meeting forums and thus derails the “localization” initiative of giving more power (means) to affected populations (known as the Grand Bargain), which was a key outcome from the 2016 World Humanitarian Summit (IASC, 2016).

Ultimately, the cluster system reinforces existing power imbalances between UN agencies and international NGOs and local organizations and spontaneous (and immediate) community-based response initiatives. UN agencies and international NGOs are often prominent in the (international) media through their own Communications or External Relations Officers and links to international media networks and wires (such as Reliefweb, The New Humanitarian, BBC World Service, Thompson Reuters, France 24, and Al Jazeera, etc.) and are equipped with the ability to centrally communicate their messages in “donor” languages (English, French, Spanish). This enables them to attract funds for emergency response work and reinforces current centralized structures and privileges. In contrast, local organizations and community networks that are true first responders and helpers in any emergency response and usually speak a local language or dialect of the affected population are diverse and “networked” (not centralized) and are rarely supported to interact with traditional media or funders. Advancement in social media and instant messaging services has to a certain extent democratized platform and facilitated exposure of the role of local and community-based organizations in emergency response efforts alongside bigger more traditional UN agencies and international NGOs, but actors on the ground still experience disparities in accessing institutional resources such as funding and widespread media exposure.

Humanitarian access issues in conflict or localized natural disaster settings, such as in Syria, the Philippines, Libya, Indonesia, Yemen, and Afghanistan (see case study section below), also challenge cluster coordination. The sectoral or cluster

Table 4.4 Area-based programming driving principles (Parker et al., 2015; IASC, 2016)

Area-based programming is grounded in three principles:
1. Implementation is geographical or focused on a defined community
2. Programming is multi-sectoral in approach, and the design of programs is multidisciplinary
3. Participation is from the affected population in that geographical locality, supporting the localization agenda of the Grand Bargain

approach, which is essentially a “pillared” system of coordination, is a barrier to the development and implementation of integrated programming that is able to meet the holistic needs of an affected individual, family, or community (Konyndyk et al., 2020, p. 5). Life events and human beings are complex and never mono-sectoral; they do not arrange or present their needs around technical sectors, especially in emergency settings. Cross-sectoral or multidimensional program modalities, such as cash-based programming, and certain professions, such as social work, continuously struggle in cluster or sectoral contexts.

An area-based coordination model “enshrines local context rather than sectors as the essential organizing principle for the coordination and planning of humanitarian response” (Konyndyk et al., 2020, p. 13). It also places sub-national entities or actors, such as local mayors, municipalities, or governorates/provinces, as the driving force behind humanitarian response, including response planning, funding, and coordination processes. The focus on a geographical area and local context makes integrated and multi-sectoral programming, such as social work, more possible in comparison to a sectoral or cluster approach. Area-based coordination models, as outlined in Table 4.4, better reflect the priorities of affected populations and support the delivery of multifaceted care and support, such as social service provision, which has traditionally fallen across or outside humanitarian clusters. Area-based coordination models also contribute to the Grand Bargain agenda from the 2016 World Humanitarian Summit.

There is no universal coordination model for all contexts. In some contexts, a sectoral approach may be more beneficial, while in others, a refugee coordination modality, an area-based approach, or a mixture of multiple models may be most relevant. In the case studies provided later in this chapter, we will learn that many countries often have multiple coordination modalities in operation at the same time.

4.7 Information Management

OCHA is the UN Agency mandated to provide information management services to humanitarian communities in a cluster context, to enable coordinated, effective, and principled humanitarian responses. Remember that UNHCR is responsible for refugee-based coordination and information management related to refugees, along with respective host governments, and that the IFRC takes on coordination and information management roles with their respective Red Cross Red Crescent

National Societies. OCHA is only mandated to lead on cluster coordination systems, with all three entities (IFRC, OCHA, and UNHCR) working in collaboration with national host governments.

OCHA is responsible for supporting data collection, data analysis, and information sharing regarding humanitarian coordination efforts. It also conducts humanitarian diplomacy and strategic decision-making at the country level and at the global level with the donor community. OCHA develops tools, methodologies, and joint strategic planning and analysis approaches with humanitarian actors (predominantly UN agencies), national governments, local communities, and civil society, including international NGOs and national NGOs. OCHA's role is different to the role and mandate of other UN agencies or humanitarian actors, as it is responsible for consolidating and publishing information across the spectrum of humanitarian response rather than delivering a specific program or service to an affected family or individual (OCHA, 2020b). The exception to this rule is the provision of information to affected populations, which is a life-saving service in many contexts, such as tsunami, typhoon, and avalanche warnings; information on rights and relief distributions; and information on available services and service providers. Finally, OCHA is responsible for managing the Financial Tracking Services database, colloquially known as the FTS, which is a central portal for tracking humanitarian pledges by donors and received contributions to specific humanitarian appeals or clusters. The FTS is the principal source of financial data related to the Global Humanitarian Needs Overview publication (OCHA, 2021). See Sects. 4.8 and 4.9.2 later in this chapter for more information.

Recently, the International Organization for Migration (IOM) has supported data collection and analysis in relation to internal displacement and migration and population movement issues. IOM built and runs the Displacement Tracking Matrix (DTM) and its associated online web portal, <https://displacement.iom.int>, which provides data on displacement and visualizations on population movements. Information arising from the DTM feeds into camp coordination and camp management sector/cluster activities to inform site planning, camp maintenance, and pre-positioning of stocks such as supplies and equipment. Each OCHA country office, usually located in cluster contexts, “produces a humanitarian dashboard to present data on needs, response monitoring and gaps per crisis” (OCHA, 2020b, para. 8). The humanitarian dashboards may also appear in the humanitarian needs overview for respective countries. UNHCR produces similar dashboard formats for larger refugee operations where multiple partners and stakeholders are involved.

4.8 The Humanitarian Program Cycle: Tools for Assessment and Analysis

The Multi-cluster Initial Rapid Needs Assessment (MIRA) tool was provisionally released in 2012 by the Inter-Agency Standing Committee (IASC, 2012) as part of the Humanitarian Program Cycle toolbox. The MIRA is essentially an assessment

tool used by multi-sectoral/cluster emergency assessment teams, convened by OCHA, at the beginning of a new emergency. It is designed to identify strategic humanitarian priorities during the first few weeks following an emergency. Using the MIRA template, an initial appeal, called a Preliminary Scenario Definition, can be released within 72 hours of a crisis (IASC, 2012), and then a longer report is released 2 weeks later. One critique of the MIRA is that it cannot provide detailed information for the design of localized responses by clusters, which makes additional cluster-specific assessments an operational necessity to inform humanitarian response programs and project proposals.

The MIRA tool is increasingly being replaced by the Joint Inter-Sectoral Analysis Framework (JIAF) (OCHA, 2020c), which directly feeds into the creation of Humanitarian Needs Overviews (HNOs) and subsequent Humanitarian Response Plans (HRPs), described in Sect. 4.9. The JIAF is OCHA's attempt to support the humanitarian community in meeting the multi-sectoral needs of individuals and families affected by emergencies, rather than following sector/cluster-specific assessments and response planning. The JIAF is essentially a common framework and tool with accompanying structured methodologies to guide inter-sectoral analysis, joint needs assessments, and subsequent strategic response and planning (OCHA, 2020c). It helps inform data collection and analysis, and it encourages collaboration between humanitarian actors.

4.9 Humanitarian Needs Overviews

Every year, each clustered humanitarian context produces two humanitarian needs overviews (HNOs) “to support the Humanitarian Country Team (HCT) to develop a shared understanding of the impact, magnitude and evolution of a crisis, and to inform response planning” (OCHA, 2020d, para. 5). HNOs are comprised of the joint assessment and analysis outputs from the JIAF (or MIRA) processes, plus a review of secondary data in the form of a literature or desk review. The development of HNOs is, in theory, a shared responsibility among all humanitarian actors, requiring strong collaboration between cluster lead agencies (CLAs), governments, program staff, and information management staff (OCHA, 2020d). Affected populations should be consulted to ascertain needs and, in theory, prioritize and verify those needs before an HNO is published, in line with the “*Operational Framework on Accountability to Affected Populations*” (IASC, 2013; see Table 4.3 located earlier in this chapter). However, in practice, only national governments approve HNOs prior to publication, with little involvement from affected families and communities. OCHA oversees the HNO process at a global level and at a country level through an OCHA country office and the inter-cluster coordination mechanism supporting the Humanitarian Country Team (HCT).

4.9.1 Humanitarian Response Plans

Humanitarian Response Plans (HRPs) are primarily management tools prepared by HCTs and led by OCHA country offices. They are based on the HNO for a respective country, which informs the strategic objectives in the HRP and follows the structure of the clusters. The individual cluster-level plans follow from these strategic objectives, as does “response monitoring which seeks to determine whether the goals and targets set in the HRP are actually achieved” in a given year (OCHA, 2020d, para. 3). Resource mobilization is the secondary purpose of the HRPs, as they communicate to donor governments, private foundations, the business community, and the public the scope of the response to a specific emergency and the funding request of each cluster or sector.

HRPs are made up of two components (OCHA, 2020d, para. 4):

A country strategy consisting of a narrative, strategic objectives, and indicators, and Cluster plans consisting of objectives, activities, and accompanying projects, which detail implementation (specific activities, planned outputs and targets) and costs of the strategy.

One critique of HRPs is their inability to appropriately present and address the holistic needs of affected populations because their structural framework is based around the clusters. Agencies presenting multi-sectoral projects or programs and donor governments wishing to fund them struggle to identify which cluster to place them under in order to access funding. Cross-sectoral areas, such as case management, mental health and psychosocial support, and cash-based programming, are often excluded from HRPs. Actors requesting funding for these services must invest additional time in humanitarian diplomacy with the relevant cluster leads to request their project or program is appropriately reflected in the HRPs. In many contexts, such as Yemen, Afghanistan, Democratic Republic of Congo, and South Sudan (see case studies in Sect. 4.10), country-level funding flows follow the structural presentations outlined in HRPs, meaning funding is channeled through the clusters, disincentivizing multi-sectoral or cross-sectoral programming. With regard to social work, this often means less funding is available for many of the activities provided by social workers in emergency contexts.

Every year in December, OCHA releases the Global Humanitarian Needs Overview (GHO). The GHO is composed of three sections: Section 1 is a bird’s-eye view of country-level HNOs; Section 2 is a compilation of all country-level humanitarian appeals, called “Inter-Agency Coordinated Appeals”; and Section 3 covers improvements in the delivery of humanitarian aid and humanitarian financing (OCHA, 2021).

4.9.2 Funding Streams

The Central Emergency Response Fund (CERF) was established by a UN General Assembly Resolution in 2005 and officially launched in 2006. The Emergency Relief Coordinator (ERC) manages CERF on behalf of the UN Secretary General

and is supported by the CERF Secretariat, which ensures funds are quickly delivered to support partners' humanitarian relief operations, appropriately disbursed, and used transparently. CERF collects donations continuously from UN Member States and private foundations and uses them to kick start emergency relief work in sudden-onset emergencies or to top-up underfunded or neglected emergencies (CERF, 2020). Unfortunately, the CERF Secretariat reinforces existing power imbalances and positions of privilege as it can only disburse funding to UN agencies, which are meant to then act as funding conduits to international NGOs and local NGOs. It is not possible for non-UN entities to directly access CERF funding, despite often having the best humanitarian access and knowledge of affected population's needs.

4.9.3 Country-Based Pooled Funds (CBPF)

Country-based pooled funds (CBPFs) began emerging around 2014 as an attempt to shift and diverge funding flows away from centralized UN structures – which tend to be slow, bureaucratic, and expensive – and towards country-level humanitarian actors. They have increased in prominence after the 2016 World Humanitarian Summit and support the localization agenda of the Grand Bargain, which seeks to give affected population more means and power in emergency response efforts. CBPFs enable donor governments to pool their contributions into single, un-earmarked funds to support country-level humanitarian efforts. “Un-earmarked” funds are highly flexible funds that have not been specified or allocated to a specific sector by the donor; the receiving agency or organization is free to allocate based upon their own priorities. They are the preferred type of funding modality for recipient organizations and agencies.

CBPFs are established when a new emergency occurs or when an ongoing crisis deteriorates, such as in the contexts of Afghanistan, Democratic Republic of the Congo, or Yemen (see case studies in Sect. 4.10 of this chapter). CBPFs are managed by OCHA offices in emergency-affected countries and are administered under the leadership of Humanitarian Coordinators. Unlike CERF funding, CBPFs are meritocratic, inclusive, transparent, and open to all actors, including national NGOs, international NGOs, and UN agencies. The funds support the priorities set out in HRP for specific countries and match these priorities with responders best-positioned to support affected populations. In theory, the CBPFs are an improvement and a step towards localization of humanitarian funds, particularly in relation to CERF funding. However, there are still bureaucratic and administrative impediments for local actors, such as grassroots community movements, to access this funding, despite them often being the best placed to deliver assistance to families and communities in need.

4.10 Case Studies

4.10.1 Afghanistan (OCHA, 2020h)

Afghanistan suffers from multiple emergencies, including natural disasters (avalanches and droughts), public health emergencies (cholera, measles, polio, and COVID-19), and a 40+-year protracted conflict driving displacement, alongside returning Afghan refugees and hosting refugees from neighboring countries. The acute insecurity, recent escalation in conflict, and change in governing administration make humanitarian access and conducting humanitarian operations in general extremely challenging. It is uncertain if female humanitarian aid workers and female government workers in the health and social care sectors are allowed to return to work due to the rollback in rights and access constraints under the Taliban governing authority.

Coordination structures	Humanitarian Country Team led by OCHA; includes 6 UN agencies, cluster leads, 6 INGOs, RCRC Movement [standing invitee], and ACBAR – Afghan NGO
	Inter-Cluster Coordination Team
	Clusters
	Gender in Humanitarian Action (GIHA) sub-WG
	Information Management
	Education in Emergencies WG
	Cash voucher WG
	Aviation (WFP – UNHAS)
	Humanitarian Donor Group (HDG)
	Afghanistan Humanitarian Forum (AHF)
	Accountability to Affected People WG
Cluster/sector activation	Clusters based in the capital city, Kabul (established 2008, reviewed 2015). Meetings are usually held virtually now due to the relocations of staff and insecurity.
	Emergency Shelter and Non-Food Items (ESNFI)
	Food Security and Agriculture
	Protection, including Child Protection AoR, Mine Action AoR, Housing Land and Property AoR, GBV AoR, and IDP Task Force
	Health
	Nutrition
	Water, sanitation, and hygiene (WASH)
	Humanitarian coordination mechanisms at the regional and provincial levels are largely determined by existing capacities and permission from the local governing authorities

Which coordination structures are relevant for social workers?	Mental health and psychosocial support (MHPSS) WG in Kabul, co-led by Action Against Hunger and Ministry of Public Health
	Protection Cluster, including AoRs: Child Protection, GBV, and Mine Action (victim assistance)
	Health Cluster
	Nutrition Cluster
Coordination lead agency/agencies	OCHA
	UNHCR (refugees/returnees)
	Government
	ACBAR (Afghanistan Humanitarian Forum)
Strategic humanitarian documents	Humanitarian Needs Overview
	Humanitarian Response Plans
	Refugee and Returnee Response Plans (led by UNHCR)
	Dashboard
Funding mechanisms	Country-based pooled funds
	Humanitarian Donor Group funds the Afghanistan HRP and contributes bilateral donations to humanitarian agencies and government
	Significant volumes of development aid (Health and Education sectors) and military/security financing outside of humanitarian funds

4.10.2 Democratic Republic of the Congo (OCHA, 2020e)

The Democratic Republic of the Congo (DRC) suffers from protracted internal conflict between government armed forces and a plethora of non-state armed groups in its eastern, northern, and southern provinces. The insecurity has created protection crises such as widespread sexual violence, recruitment of children into armed groups, and extremely challenging humanitarian access issues. There is a pervasive mistrust of international humanitarian actors among affected populations. The country suffers from periodic and debilitating Ebola virus disease (EVD) outbreaks and other public health emergencies, such as cholera, meningitis, and measles outbreaks. There are high rates of malnutrition in children and infants and pervasive levels of poverty affecting all of society. The country has been classed as resource-rich but “under-developed” in relation to the UN Sustainable Development Goals.

Coordination structures	Cluster context with Humanitarian Hubs. Clusters located in Kinshasa, the capital city
	Humanitarian Hubs exist for Ebola virus disease
	Sub-national/provincial humanitarian hubs: Kasis, North Kivu, South Kivu, Maniema, Ituri, Tanganyika, former province of Orientale, and region of Katanga

Cluster/sector activation	Inter-cluster coordination group (led by OCHA)
	Cash WG (cross-sectoral)
	Camp Coordination and Camp Management (CCCM)
	Civil-military relations
	WASH
	Education
	Logistics
	Nutrition
	Protection (Mine Action, Child Protection, GBV and Housing, Land and Property AoRs)
	Health
	Food Security
	Shelter
	Rapid Response Mechanism (inter-sectoral for 3 months)
Which coordination structures are relevant for social workers?	Protection (including Mine Action/Victim Assistance, GBV, and Child Protection)
	Health
	Education
	Inter-cluster coordination group
Coordination lead agency/agencies	Rapid Response Mechanism
	OCHA
Strategic humanitarian documents	Multi-year Humanitarian Response Plans, which usually last 2–3 years; most recent plan developed in 2020
	Humanitarian Needs Overview (2020)
	Humanitarian Operational Plans
	Dashboard
Funding mechanisms	DRC Humanitarian Fund (country-based pooled fund)
	Central Emergency Response Fund allocations

4.10.3 Iraq (OCHA, 2020f, i, j)

Iraq is a protracted conflict setting with multiple authorities controlling territory and governing certain parts of the country. There is a national government authority in Baghdad and a regional authority in Erbil covering the Kurdistan Region of Iraq. There are a high number of internally displaced Iraqis scattered across the country, some living in camps and others residing in host communities. Iraq is also host to Iranian and Syrian refugees. There are humanitarian access challenges for all actors and a fractured society with multiple factions.

Coordination structures	Cluster context (Baghdad and provincial hubs in Erbil, Dohuk, Al Sulaymaniyah, Kirkuk, Ninewa, Anbar, and Salah al-Din)
	Area-based coordination (Mosul)
	Multiple government authorities: Kurdistan Region of Iraq (KRI) and Baghdad “national” government
	Refugees and Returnees (UNHCR and IOM)
	Coordination and Common Services (OCHA)
Cluster/sector activation	Inter-cluster coordination group
	Camp Coordination and Camp Management
	Education
	Emergency Livelihoods
	Food Security
	Health
	Protection, including Housing, Land and Property, Child Protection, GBV, and Mine Action/victim assistance
	Shelter/NFI
	WASH
	Multi-Purpose Cash Assistance (MPCA)
	Coordination and Common Services
	Emergency Telecommunications
	Information Management WG
Which coordination structures are relevant for social workers?	Logistics
	Rapid Response Mechanism
	Protection (Mine Action, Child Protection, and GBV)
	Health
	Refugees and Returnees (UNHCR led)
Coordination lead agency/ agencies	Multi-Purpose Cash Assistance (if used for social services/protection)
	Mental health and psychosocial support: WGs active in Erbil, Dohuk, Al Sulaymaniyah, and Baghdad
	OCHA
	UNHCR (Refugees and Returnees)
	Kurdistan Region of Iraq Government authorities
Strategic humanitarian documents	National government (Baghdad) authorities
	Humanitarian Needs Overviews
	Humanitarian Response Plan
	Dashboard
	Refugee and Returnee Response Plans (UNHCR)
Funding mechanisms	Displacement Tracking Matrix (IOM)
	Iraq Humanitarian Fund (country-based pooled fund)
	Significant bilateral military and security assistance directed outside of humanitarian aid flows

4.10.4 *Uganda (UNHCR, 2020a, b)*

Uganda is host to refugees from multiple surrounding countries, including South Sudan, Burundi, and the Democratic Republic of the Congo. Refugees reside in 14 settlements located in the south-western and western parts of the country. The northern part of Uganda is still recovering from decades of internal conflict where many children were forcibly recruited in armed groups. Not all families have managed to return to their original homesteads, as the Lords' Resistance Army still exists in pockets in the north, and cattle-rustling and conflicts between livestock herders remain. Uganda is best characterized as a mixed setting.

Coordination structures	Refugee (UNHCR)
Cluster/sector activation	Refugee coordination set-up: National Refugee Protection Coordination, established in line with Refugee Coordination Model (RCM). Different sectors are activated in the 14 different settlements based on need, following a hybrid area/settlement coordination model with the following sectors: Health, Nutrition, and COVID response; WASH; Shelter, Settlement and NFI; Protection; Education; Environment and Energy; Livelihood and Resilience; Peaceful Co-existence Taskforce; Persons with Specific Needs WG; and Communicating with Communities WG Public health preparedness and response activities: coordination and leadership, surveillance, laboratory support and points of entry, risk communication, social mobilization and community engagement, case management, infection prevention and control, ICR and innovation, WASH, mental health and psychosocial support, and logistics
Which coordination structures are relevant for social workers?	At Kampala (capital) level and settlement level, where settlements exist Mental health and psychosocial support (MHPSS) WG Persons with specific needs WG Prevention and Response to SGBV WG Child Protection WG Communicating with Communities WG Peaceful coexistence Taskforce Health sector Protection sector (Physical and Functional Rehabilitation) Refugee transit centers
Coordination lead agency/agencies	Government of Uganda, Office of the Prime Minister: Refugees and Asylum Seekers UNHCR UN Resident Coordinator (under UNDP)
Strategic humanitarian documents	Emergency Appeal for Response to COVID-19 and its Impacts Uganda Country Refugee Response Plan (2019–2020) Regional Refugee Response Plans

Coordination structures	Refugee (UNHCR)
Funding mechanisms	UNHCR – Refugee Funds
	Central Emergency Response Fund allocation
	Education Cannot Wait
	Private companies/foundations, such as Unilever, UNIQLO, and Remon L Vos
	Education Response Plan (and Education Development Partners Group)

4.10.5 Vanuatu (OCHA, 2020g)

Vanuatu is a cluster of islands in the Pacific Ocean. It is particularly vulnerable to natural disasters such as tropical cyclones, earthquakes, and volcanic eruptions. The country has managed to protect itself from the COVID-19 virus outbreak by strict border controls and its relative isolation; however, it is dependent on food and commodity imports, and many of its citizens work internationally in Australia, New Zealand, or other Pacific Island countries.

Coordination structures	Clusters: multiple activated in 2015 after Tropical Cyclone Harold, but by 2020, the number of clusters has been scaled back. All clusters are co-led by relevant government line ministries
	Inter-cluster coordination meetings, led by National Government, with OCHA support
	IFRC supporting Vanuatu Red Cross Society
Cluster/sector activation	Education
	Emergency Telecommunications
	Food Security and Agriculture
	Logistics
	Shelter
	Water, Sanitation, and Hygiene (WASH)
	Gender and Protection
Which coordination structures are relevant for social workers?	Health and Nutrition
	Social Policy sector
	Vanuatu Society for People with Disabilities
	Protection, including child protection and GBV
Coordination lead agency/agencies	Education and Health Clusters, when activated
	Government of Vanuatu – National Disaster Management Office (NDMO) at Port-Vila, the capital city
	Vanuatu Humanitarian Team, led by the government
	Provincial Emergency Operations Centers, led by government line ministries
	OCHA
	UN Office for Disaster Risk Reduction (UNDRR)

Strategic humanitarian documents	Tropical Cyclone Harold and COVID-19 pandemic Lessons learnt report
	4Ws Humanitarian Dashboard
	Flash Appeals and Humanitarian Action Plan (2015)
	Displacement Tracking Matrix Report, developed by IOM and the International Data Management Centre (IDMC) in 2020
	IFRC Emergency Plan of Actions and Disaster Relief Emergency Funds (DREFs), developed in 2015, 2016, and 2020
Funding mechanisms	CERF allocations after Tropical Cyclone Harold in April 2020

4.11 Conclusion

Coordination is essential in all emergency and refugee contexts. Everyone wants it, but nobody likes to be coordinated. An effective social worker is also a humanitarian diplomat – an advocate for social work programs in emergencies and a canny navigator of humanitarian and refugee coordination architecture in any given country. In addition, social workers are well-equipped to build vital relationships with power brokers and local actors who usually have access and close proximity to affected populations.

Social work does not have its own sector or cluster in any emergency context, thus requiring social workers to integrate their work into other programs, such as protection, education, mental health and psychosocial support, case management, and nutrition, among others. The majority of social work programs or social work services are provided by actors within the protection sector/cluster or under the respective government department for social affairs or social welfare in area-based coordination models. When not led by a government line ministry, the protection sector and its respective sub-groupings or AoRs are led by UNHCR, UNICEF, UNMAS, UNFPA, and, in the case of the Palestinian Territories, the Office of the High Commissioner for Human Rights (OHCHR). The cross-sectoral MHPSS WGs are also very useful forums for social workers to meet and discuss technical issues related to their work. However, the challenge remains that social work and the provision of social services are inherently cross-sectoral and multidisciplinary in nature; social workers must learn to effectively advocate to the leaders of clusters, sectors, and government counterparts to ensure that the social care needs of affected communities are heard within the country-level, bureaucratic, humanitarian architecture.

Data and information management regarding response and financial streams follows the respective coordination model activated in a country. All strategic documents flow from a cluster coordination model in terms of document structure and financial tracking flows in the FTS and, in some contexts, for assessments, such as the MIRA. Over the past 2 years, pressure from donor governments has catalyzed shifts to adopt a more joint strategic decision-making and response framework in cluster contexts where OCHA leads, starting with JIAFs and the presentation of

their results in HNOs. These changes are welcomed by humanitarian actors and, more importantly, by crisis-affected populations who, as any social worker will tell you, always present with multiple needs requiring holistic services and support.

Social workers can act as the rare glue that conjoins seemingly disparate parts of a humanitarian coordination model to deliver effective, strengths-based, and accountable social services and social care to crisis-affected individuals, families, and communities.

4.12 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. How can social workers advocate for social work activities to appear in assessment templates, humanitarian needs overviews, and humanitarian/refugee response plans?
2. Using the different coordination models, where would you find information on social work activities as part of the emergency response?
3. Which coordination model do you believe to be optimal in a given context? How would you assess this and justify your selection?
4. Where would you look for data on refugees, migrants, and internally displaced populations?
5. What tools or (policy) documents are currently available to address power imbalances and perceived inequalities within the humanitarian architecture?

4.13 Pedagogy Suggestions for the Course Instructor, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

The teaching of the structures or humanitarian/refugee architecture for the various coordination models can be done via a participatory lecture, drawing upon case examples – either those from this chapter or other contemporary cases. E-learning modules in the form of videos in Arabic, English, French, and Spanish exist for the following topics: humanitarian coordination, information management, and mental health and psychosocial support in emergency contexts, the latter of which will be of particular relevance for social workers. These e-learning modules and course materials are freely available on the Child Protection Area of Responsibility website, managed by UNICEF (Child Protection Area of Responsibility, 2021), and on the IOM's e-campus site under the community-based mental health and psychosocial support section (IOM, 2021). There are also Handbooks for Coordinators and

co-leads of MHPSS working groups² if students go on to become a cluster/sector coordinator or find themselves working for a coordination lead agency, such as UNHCR, OCHA, or the IFRC.

However, social work students also need to be able to navigate, assess, and analyze which coordination model is optimal for their type of work and which cluster/sector or meeting to attend in an emergency context. Furthermore, they need to understand how to advocate for social work, the application of social work strengths-based, participatory approaches within their specific context, and how to access funding for social work programs through these structures. This is best done by navigating UNHCR's Refugee portal webpages, OCHA's Humanitarian Information Services portal, and Reliefweb and asking students to map out the various coordination models in action within a country. The five case study tables in this chapter may be a useful template for students to fill in as they document an emergency context. Students can also track the funding allocated to specific countries and sectors through the Financial Tracking Service and Refugee Response Plan dashboards. Here they can see how much money, if any, is supporting social work activities and programs.

Problem-based learning approaches and role-play scenarios would also work well for this chapter. Students can take on the role of a social worker advocating to fellow students playing the roles of Protection or Health Cluster Coordinators and OCHA (or UNHCR) to include social work or other related programs within the work of their respective clusters/sectors. Course instructors can encourage students to dream, think big, and come up with alternative coordination and information management approaches in emergencies.

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Chapter 5

Current Mental Health and Psychosocial Support Policies and Frameworks in Humanitarian Settings



Merve Kan

5.1 Mental Health and Psychosocial Effects of Forced Displacement

As a result of displacement due to conflict, millions of people experience extreme violence, loss of and separation from family and friends, poor living conditions, and a lack of basic services (UNHCR, 2007). As much as it is important to remember that “becoming a refugee is not a psychological phenomenon per se; rather, it is exclusively a socio-political and legal one” (Papadopoulos, 2007, p. 301), these experiences, in turn, may result in psychological distress, behavioral problems, and mental health problems, including mood and anxiety disorders (Tol et al., 2013). Although a vast majority of research focuses on post-traumatic stress disorder (PTSD) prevalence among refugees, needs related to the mental health and psychosocial well-being of these populations encompass far more than the experience of PTSD. According to a meta-analysis of 129 studies recently published in *The Lancet* updating the WHO prevalence estimates of mental disorders in conflict-affected, low- and middle-income settings, 1 in 5 (22%) people living in an area affected by conflict in the preceding 10 years has depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia, and about 9% of conflict-affected populations have a moderate to severe mental health condition at any point in time (Charlson et al., 2019). Similarly, in their umbrella review of 27 systematic reviews, Turrini et al. (2017) reveal that “the rates of depression and anxiety were as high as rates of PTSD, affecting on average one out of three asylum seekers and refugees” (p. 11). Yet, they also reported significant heterogeneity in prevalence rates, ranging

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from low to very high proportions, due to methodological differences in design and varying diagnostic criteria across studies.

The stressors experienced during forced displacement may vary throughout the journey, which has traditionally been divided into three stages, namely, pre-flight, flight, and post-flight, or variations of this, such as pre-migration, migration, and postmigration (Bhugra & Jones, 2001; Miller et al., 2002), or premigration and departure, transit, and resettlement (Drachman, 1992). Opposing the radical split between the *before* and *after* displacement, which creates the predominant perception in society that the most traumatic experiences are those that precede displacement, Papadopoulos (2001) identifies four main phases: anticipation, devastating events, survival, and adjustment. He explains that the process begins with persons knowing or sensing imminent danger, making the critical decision to flee in the face of devastating events, and continues with a survival phase characterized by being free from physical attacks and serious threats to lives. However, he also argues that not all displaced persons experience actual violence as they flee from anticipated danger, which can later impede their receipt of assistance, due to not having a “severe enough” trauma story (Papadopoulos, 2021).

Stressful pre-flight experiences can include death or persecution of family members, forced recruitment, war, and human trafficking (Thomas et al., 2004). Stressors experienced in this phase may have lasting effects on refugees’ mental health (Fazel et al., 2005; Porter & Haslam, 2005). Social problems that existed prior to migration, such as extreme poverty, belonging to a group that is discriminated against or marginalized, and political oppression, as well as psychological problems, such as severe mental disorder or alcohol abuse, also impact the mental health and psychosocial well-being of refugees (IASC, 2007).

Although people predominantly seek asylum in a neighboring country, some also travel over long distances (UNHCR, 2020). Migration journeys may include multiple border crossings and protracted stays in formal and informal camps; may last days, weeks, or even months; and can present many risks, including detention, various types of violence, and death. Emergency-induced social problems, such as family separation, disruption of social networks and community structures, depleting of resources, and destruction of trust, as well as increased gender-based violence also exacerbate this phase. As protection for refugees is often temporary, the instability and fear for the future can undoubtedly lead to increased stress (Grove & Zwi, 2005). More than 3.6 million Syrian refugees in Turkey who have been granted temporary protection status and Venezuelan refugees in Colombia who have also recently been granted a 10-year-long temporary protection status (UNHCR, 2021, para. 1) serve as examples of the ambiguity in referring to this stage as *transit* or *post-migration*.

Post-migratory stressors are strongly linked with poor psychological outcomes. The ways in which factors within the host country, such as socioeconomic stress, cultural integration, social and interpersonal difficulties, and the challenges inherent in the immigration process, contribute to poor mental health have been extensively researched (Li et al., 2016; Fazel et al., 2012; Spiller et al., 2016; Stuart & Nowosad, 2020). These findings suggest that such stressors have important effects on the

mental health of refugees, in addition to impacting their recovery from traumatic experiences over time. Humanitarian aid-induced social problems, such as the undermining of community structures or traditional support mechanisms and abuses of power by those charged with protecting refugees, may create additional stressors for refugees (IASC, 2007).

The refugee experience is not a linear process, but rather a complex and fragmented one due to restrictive migration legislatures (Collyer, 2007). Expanding the current understanding of migration, which includes a clear start and end point and intended destinations, may never be reached, leaving people stranded along the way. This complex and fragmented experience explicitly affects family dynamics and variables situated in one's social and cultural context (Fazel et al., 2012). Yet, most refugees are able to cope with adversity when provided with basic services and security and supported by family and community. This is highlighted in the multi-layered support system of the IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings (2007) discussed below. The importance of reducing stress in the post-migratory context and the promotion of resilience should be targeted through MHPSS interventions and frameworks in humanitarian settings. Understanding the refugee journey and common experiences throughout this journey and recognizing the obstacles many refugees face will allow social workers to work towards this target and better assist refugees.

5.2 Key Terms and Core Principles in Providing Mental Health and Psychosocial Support

5.2.1 Key Terms

Mental health is defined as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2018, para. 2). The term mental health is used mostly by actors within the health sector, while actors outside of the health sector tend to speak of supporting psychosocial well-being. Other terminology, including in reference to psychosocial rehabilitation and psychosocial treatment, may vary between and within aid organizations, disciplines, and countries. In general, the term MHPSS is used to refer to “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder” (IASC, 2007, p. 1).

The International Classification of Diseases (ICD) is an internationally accepted tool used for the identification, diagnosis, reporting, and management of health conditions and disorders. Designed and maintained by WHO, the ICD has a section classifying mental and behavioral disorders, as well. This tool is updated periodically, and the newest version, ICD-11, comes into effect on 1 January 2022.

The problems that emergency situations create are experienced at individual, family, community, and societal levels. Destruction of protective supports in a community due to humanitarian emergencies increases the risk of diverse social or psychological problems and can amplify pre-existing problems. Every individual will experience the same event in a different manner and will have different resources and capacities to cope with that event. While discussing these resources and capacities, it is important to explore resilience and protective and risk factors within the MHPSS context.

Resilience can be defined as “the universal capacity which allows a person, group or community to prevent, minimize or overcome damaging effects of adversity” (Grotberg, 1995, p. 3). Ungar (2008) explains it as individuals’ abilities to orient themselves towards psychological, social, cultural, and physical resources that support their well-being in a culturally meaningful way in the face of adversities. Despite a general agreement about the effects of these resources, there is little consensus on the degree to which external or internal parameters may serve as resilience markers for specific outcomes.

Several models of resilience are used to generate measures and resilience-building interventions. Yet, it is important to note that most research on resilience has focused on the resilience of children. Bronfenbrenner’s Ecological Model, which situates the individual within their many familial, community, and cultural systems and contexts, is the basis for these models of resilience (Bronfenbrenner, 1979). According to Ungar’s (2008) ecological model of a child navigating and negotiating their environment, a child must negotiate seven tensions, including cultural adherence, relationships, and personal effectiveness. The individual’s resilience is determined by the balance among these tensions. A strengths-based and ecological model of youth resilience put forward by Donnan and Hammond (2007) indicates that there are 11 internal and 19 external factors that contribute to resilience. The cumulative effect of an individual’s strengths promotes resilience and helps a person adapt to adversity, supporting both a compensatory and protective models of Fergusand Zimmerman (2005). In his four-component resilience theory, Taormina (2015) lists determination, endurance, adaptability, and “recuperability” as the four dimensions of adult personal resilience (p. 36).

Globally, there is less research available on the resilience of individuals living in a refugee situation compared to the number of studies on their mental health and psychosocial well-being. A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants (Siriwardhana et al., 2014) discusses that in all phases of conflict-related forced migration, high-quality social and familial support has been linked to enhanced resilience and reduced levels of psychological issues and presents evidence highlighting the importance of community resilience in reducing overall burden of mental illness through a sense of collective identity and social support networks.

In addition to the relationship between resilience and mental health, there is a range of additional variables that can be both *risk and protective factors*. Both risk and protective factors are shaped around individual attributes, social circumstances, and environmental factors. Rutter (2013) suggests that some risk is an essential and

normal part of development. Exposure to low-level risk, rather than avoidance of such risk, can lead to better resilience and coping skills. However, refugees are at significant risk of developing psychological and social disturbance as they are subject to a number of risk factors. As explained in the previous section, the stressors faced in different stages of the refugee journey, such as the atrocities experienced pre-flight and in flight, the lack of social supports and access to basic services, and racial and ethnic discrimination (Porter & Haram, 2005), all pose a risk to the mental health and psychosocial well-being of refugees. Many protective factors, coping styles, and other supports that can protect one from stress have been identified for various phases of the refugee experience (Lustig et al., 2004). Individual-level factors include personal resilience, the degree of acculturation into the host society's culture, and faith in a religion or spirituality (Fazel et al., 2012; Montgomery, 2010). Family- and community-level factors include family health and functioning, social support from peers and community members, and a sense of school connectedness (Fazel et al., 2012; Porter & Haslam, 2005; Reed et al., 2012). Access to healthcare, education, and the efficiency with which immigration processes are resolved are examples of protective factors at the societal level (Fazel et al., 2012; Reed et al., 2012; Montgomery, 2010). Overall, when examining and determining risk and protective factors, the multilevel interactions between human development and contextual and cultural factors should be simultaneously considered (Tol et al., 2013).

5.2.2 MHPSS Principles

The ethical principles and standards adhered to in the MHPSS sector in line with the principles and standards of the social work profession. In an effort to provide a multi-sectoral and inter-agency framework that recognizes useful and complementary practices while pointing out those that are harmful, the IASC (2007) developed MHPSS Guidelines with the contributions of various organizations, including NGOs and the United Nations. The guidelines are based on six principles: human rights and equity, participation, do no harm, building on available resources and capacities, integrated support systems, and multilayered support. As in all efforts to provide humanitarian aid, *human rights of all affected persons* should be promoted to ensure fairness in the availability and accessibility of mental health and psychosocial supports among affected populations, across demographic groups and localities, and according to identified needs.

Participation of local affected populations in humanitarian response should be ensured through facilitation of community mobilization, ownership, and control of the response. Some key actions may include actively identifying and coordinating with formal and nonformal community leaders, such as teachers and religious leaders; creating partnerships with local governments; conducting assessments with participation of community members prior to designing the project; and including community members in the implementation, monitoring, and evaluation of the

response (IASC, 2007). Participation should also seek to empower persons affected by improving their self-esteem and capacities to be active agents.

Similarly, respecting the *do no harm* principle is expected of all humanitarian actors who must ensure that their actions do not unwittingly affect someone who receives assistance (IASC, 2007). Mainstreaming this principle throughout the project cycle requires staying updated about who is doing what, when, and where through participating in working groups and coordinating with other stakeholders, designing interventions based on assessments conducted with meaningful participation of community members, as well as transparently evaluating interventions. While it is important to respect people's cultures and traditions by developing cultural sensitivity and understanding, interventions should also benefit from evidence-based practices (see Chap. 13 for scalable psychological interventions). The power relations between social workers, all other humanitarian actors, and service recipients are important to acknowledge, as engaging in just and empowering relationships with the persons of concern within the respective cultural setting should be a primary objective. Understanding the reproduction of structural inequalities and acknowledging power differentials will help communicate the service provider's respect for the client's reality (Potocki-Tripodi, 2002). Displaced persons' experiences of various forms of power inequality and marginalization based on their gender, race, age, ethnicity, class, and disability (Papadopoulos, 2021) may be burdened by social workers' lack of competence and understanding of the cultural context. Social workers should be provided with organizational support or resources to raise their awareness on their attitudes, biases, and preconceived notions that may influence their practice, and they should also receive regular and close supervision.

The power imbalances existing in a humanitarian setting should be targeted through empowering interventions, such as mobilizing resources, establishing support systems, informing people about their societal entitlements and rights, and cultivating a positive self-image (Lum, 2000). These interventions can pave the way for clients to define their own needs and goals, help them to independently access services in the future, and emphasize their strengths rather than pathologize them (Zastrow, 1995). This approach is in line with another principle of the IASC (2017) MHPSS Guidelines: *building on available resources and capacities*. This principle requires the recognition of such strengths and capacities of refugee communities. Acknowledging and performing this principle is particularly important as it seeks to increase the resilience of the communities, which in turn improves the sustainability of aid programs by creating a sense of ownership.

Lastly, establishing *integrated and multilayered support systems* ensures the availability of complementary services that are needed by different groups; prevents having a fragmented care system in which marginalized groups, such as people with specific diagnoses or survivors of sexual violence, are disregarded; and helps increase social connectedness among community members. Integrating mental health into primary care or general healthcare services and incorporating services related to gender-based violence into community or women and girls' centers are

some of the best practices that have been widely accepted and implemented by humanitarian actors in programming (IASC, 2017).

As people are affected in different ways by displacement and require different and complementary supports, the multilayered intervention pyramid for MHPSS in emergencies developed by IASC (2007) and presented in Fig. 5.1 is also relevant for and applicable to non-emergency settings. The pyramid is divided into four parts: (1) basic services and security; (2) community and family supports; (3) focused, non-specialized supports; and (4) specialized services.

- (i) *Basic services and security.* Meeting basic needs and having a sense of security are essential components of well-being. MHPSS response in this layer mostly involves advocacy to address these basic physical needs, such as food, shelter, water, and basic healthcare, and to (re)establish security and adequate governance. MHPSS actors should work in coordination with other sectors providing basic services, document the impact of such services on mental health and psychosocial well-being, and guide all humanitarian actors to deliver these services in a way that improves mental health and psychosocial well-being of community members.
- (ii) *Community and family supports.* Supporting the establishment of stable relationships and social networks through addressing community and family supports is key and, for some, may be sufficient in maintaining mental health and psychosocial well-being. As family and community networks are severely dis-



Fig. 5.1 IASC intervention pyramid for MHPSS in emergencies. (IASC, 2007)

rupted due to loss, displacement, family separation, community fears, and distrust, facilitating the following interventions is included in this layer of support: creating and strengthening safe spaces for community dialogue; promoting family reunification; facilitating mourning and communal healing ceremonies; providing information on positive coping methods; running parenting programs; conducting formal and nonformal educational activities and livelihood activities; and activating social networks.

- (iii) *Focused, non-specialized supports.* This layer is comprised of more focused psychosocial support interventions that are provided for individuals, families, or groups by trained and supervised social workers and community workers. The services provided in this layer include psychological first aid (PFA), case management, and focused individual and group support by non-specialized providers with proper training and regular supervision. The new evidence-based individual and group interventions developed by WHO, including Problem Management Plus (PM+), Group Interpersonal Therapy (Group IPT), and Thinking Healthy, are among the examples of focused, non-specialized supports (see Chap. 13 for more details on these interventions).
- (iv) *Specialized services.* In any community and context, a small percentage of the population will require additional specialized and long-term supports to alleviate their suffering and improve basic daily functioning. Psychological or psychiatric supports, including psychological, psychotherapeutic, or psychiatric treatment for people with severe mental disorders, are included in the assistance provided in this layer. Appropriate measures and interventions should be based on context-specific needs that are determined through the implementation of needs assessments. The pyramid promotes a holistic approach to psychosocial well-being by addressing the varying needs and supports of the people or community of concern. This holistic approach requires intersectoral coordination between diverse humanitarian actors to ensure the coverage of services promoting the mental health and psychosocial well-being of refugees.

5.3 Designing and Implementing MHPSS Programs in Humanitarian Settings

The process of designing MHPSS programs includes specific steps and considerations. First, a needs assessment should be conducted, and all of the MHPSS actors and services available in the area of interest should be mapped. As a component of capacity building and enhancement activities, recruited staff are trained to provide their respective MHPSS services. While designing the program, it is important to set up a supervision and monitoring and evaluation (M & E) system to ensure the programmatic quality of the MHPSS services provided.

5.3.1 MHPSS Needs Assessments and Mapping of Services

MHPSS needs assessments are an important component of MHPSS programming as they aim to assess the needs, challenges, and priorities of the target population, including individual and collective strengths, resources, and coping capacities (IOM, 2019). There are two main resources used to develop MHPSS assessments in humanitarian settings: “Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings” (WHO & UNHCR, 2012) and the IASC Reference Group Mental Health and Psychosocial Support Assessment Guide (IASC, 2012). The WHO and UNHCR (2012) Assessment Toolkit provides templates for various assessment tools, such as checklists, listing tools, key informant interviews, and focus group discussion tools for the following four ways of collecting data: (1) conducting a literature review; (2) collecting existing information from relevant stakeholders, including the government; (3) gathering new information through adding questions about psychosocial and mental health concerns to general health, nutrition, protection, or other assessments done by non-MHPSS actors; and (4) filling in any gaps in knowledge by collecting new information on mental health and psychosocial issues through specific MHPSS assessments, including, for example, interviews and site visits, surveys, and group and key informant interviews.

There are certain ethical considerations to be taken into account while conducting assessments. In order to avoid overwhelming affected populations with repeated assessments conducted by varying humanitarian actors, assessments should be coordinated, and findings should be communicated between all stakeholders and participants. The purpose of assessments should be communicated clearly with the participants, and the benefits of participation should be maximized by disseminating results in a way that still protects data ownership and confidentiality of participants. Privacy and confidentiality of participants should be respected, and voluntary participation should be guaranteed through informed consent. In order for the data to be as diverse and representative as possible, different subgroups of a local community should be included. Participants’ safety should be protected through a risk assessment followed by a safety plan, addressing how to observe and respond to participant vulnerability and protection needs including severe mental health disorders; suicidal ideation; physical, sexual, and emotional abuse or exploitation; women heads of households without support networks; unaccompanied children; people with specific health problems (i.e., HIV/AIDS); those involved in illegal activities (i.e., drug use or sex work); or groups vulnerable to stigma or targeting. All research staff must be knowledgeable about the protocol to make referrals for further support when needed. Lastly, the assessment staff should be trained on ethical research practice, basic listening, and helping skills, such as providing psychosocial first aid when needed, identifying at risk or vulnerable participants, and referring them to the required services, risk management, data collection and management, and self-care (IASC, 2014; WHO & UNHCR, 2012).

While assessments ideally include the mapping of existing government efforts and the actors, academic institutions, or local groups working on MHPSS, such

mapping may also be conducted separately as a stand-alone activity. The IASC MHPSS Reference Group developed the 4Ws tool to map the *who*, *where*, *when*, and *what* of MHPSS activities conducted across sectors. Use of this tool enables organizations to do the following:

1. Provide a big picture of the size and nature of the MHPSS response.
2. Identify gaps in the MHPSS response to enable coordinated action.
3. Enable referrals by making information available about who is where, when, and doing what.
4. Inform appeal processes (i.e., Consolidated Appeal Process (CAP)).
5. Improve transparency and legitimacy of MHPSS through structured documentation.
6. Improve possibilities for reviewing patterns of practice and for drawing lessons for future response (IASC, 2012).

An analysis of multiple 4Ws applications found the tool useful in encouraging collaboration between MHPSS actors, identifying gaps and overlaps in service delivery, developing a common language of implementation and programming, and strengthening the sense of community among MHPSS practitioners in the field (The WHO World Health Survey Consortium, 2004).

Just as it is crucial to include local government, non-governmental actors, and community leaders in needs assessments, it is equally important to engage them in subsequent stages of the crisis response process, such as in validating assessment data and designing aid activities. Such engagement will ensure relevancy of services and create a sense of program ownership among community members.

5.3.2 MHPSS Research

Beyond conducting MHPSS needs assessments, which are mostly rapid in their nature in a humanitarian setting, research in MHPSS is also required to develop new knowledge and theory and to contribute to the practice. The above-stated ethical considerations to be respected in assessing MHPSS needs are also valid for MHPSS research. While assessments generally focus more on general topics around MHPSS and are mostly used to inform program design, research is more targeted, as it provides evidence-based data on, for example, the prevalence of specific mental health and psychosocial problems or the effectiveness of interventions.

There are also ethical concerns in implementing MHPSS programs without solid evidence of their effectiveness (Allden et al., 2009). In their recent article focusing on the portfolio of MHPSS research funded by Elrha's Research for Health in Humanitarian Crises (R2HC) program, Tol et al. (2020) clustered the needs for further research around four topics:

1. Scaling up evidence-based interventions tested and proven to be effective in a humanitarian context.

2. Targeting under-researched mental health conditions and populations, such as children with developmental disorders and sexual minorities.
3. Building on the resources and supports of the community.
4. Ensuring quality and sustainability of evidence-based interventions in real-world settings.

Responding to the need for increased research to strengthen rigorous evidence for MHPSS interventions requires an improved consensus between the interests of researchers and practitioners (Tol et al., 2011). The abovementioned review and assessment of MHPSS intervention research in humanitarian settings from 2010 to 2020 that was commissioned by Elrha (2020) and conducted by Anthrologica and the MHPSS Collaborative revealed the disconnect between country-level practitioners and academic research regarding implemented interventions. Lack of time, capacity, and/or the means to evaluate and implement activities, as well as a lack of access to academic research to form an evidence base for interventions, were highlighted as significant challenges for practitioners. To mitigate these challenges, research findings suggest investing in the engagement of country-level practitioners in the research process, from designing research that is contextually and culturally relevant to making organized efforts to disseminate research findings.

5.3.3 Overview of MHPSS Approaches in Humanitarian Settings

Built on the results of MHPSS needs assessments, humanitarian interventions are designed in line with the approach and capacity of the organization or program involved. There are a number of MHPSS approaches used in humanitarian settings. In line with the multilayered approach of the IASC (2017) MHPSS Guidelines, these approaches underscore the need for diverse supports that complement each other.

It is useful to reflect on the history of the IASC guidelines, published in 2007, and the need that motivated their development. Ager (1997) summarizes the conceptual tensions around the implementation of psychosocial interventions with war-affected communities in the 1990s as “generalizability versus uniqueness of relevant knowledge, the valuing of technical versus indigenous understandings, and the planning of targeted versus community-based intervention” (p. 402). Some practitioners criticizing the imposition of a Western understanding of mental illness on the victims of human rights violations and oppression were defending a community-based approach over a normative psychiatric approach. In order to integrate various perspectives, the IASC MHPSS Guidelines were developed to accommodate emerging approaches into the existing MHPSS framework, acknowledging multi-sectoral and multilayered approaches.

Outside of the health sector, responding agencies often refer clients to programs that support psychosocial well-being, resilience, and social cohesion. The provision

of psychological first aid (PFA) is an approach that promotes integration of an MHPSS understanding and framework into all humanitarian work, including these agencies outside of health sector.

Acknowledging the importance and influence of collective reactions to adversities, as well as of social cohesion and social supports in shaping individual and social well-being (IOM, 2019), a community-based approach is based on the understanding that community members are “*active participants* in improving individual and collective well-being, rather than as passive recipients of services that are designed *for them* by others” (IASC, 2019, p. 1). Some examples to MHPSS activities conducted with a community-based approach include recreational activities, psychoeducation, awareness raising sessions, and life skills activities. A community-based approach is more than simply a type of intervention; rather, it is advised that this approach be mainstreamed throughout the project cycle, starting from the assessment phase and lasting through evaluation.

Integrating specialized mental health knowledge and training into general/public healthcare is another widely accepted and practiced approach in humanitarian settings, just as is often done outside of such context. Primary healthcare is where more individuals and communities first access a healthcare system, as it is the easiest, closest, and most accessible form of care available. In an attempt to support the feasibility of delivering pharmacological and psychosocial interventions in non-specialized health settings where there is a lack of specialists such as psychiatrists, the Mental Health Gap Action Program Intervention Guide (mhGAP-IG) was released in 2010 by WHO for mental, neurological, and substance use disorders in non-specialized health settings (WHO, 2010).

Lastly, there are MHPSS services provided by mental health and psychosocial professionals and paraprofessionals. These services include case management, individual and group counseling, and evidence-based interventions. See Chap. 13 to learn more about specific MHPSS interventions and the role of social workers in their delivery.

5.3.4 Monitoring and Evaluation (M&E) in MHPSS Programs

Monitoring and evaluation are integral parts of any MHPSS program and should be designed efficiently and in line with the program objectives and activities. While *monitoring* is “the systematic gathering of information that assesses progress over time,” *evaluation* “assesses specific information at specific time points to determine if actions taken have achieved intended results” (IASC, 2017, p. 7). Monitoring activities include visits, observations, and questions that are asked while a program is being implemented in order to monitor the progress over time. Evaluation refers to examining a program after it has been completed to see if it achieved the desired results (IFRC, 2017a, b).

One of the biggest challenges of MHPSS programs is trying to measure the outcome of an intervention. This is due to many reasons, such as a lack of relevant, reliable, and culturally adapted tools and time constraints of projects and activities that hinder measurable change. Other global challenges, including a lack of standardized information technology-based data sources, limited scientific evidence for mental health quality measures, a lack of service provider training and support, and cultural barriers (Kilbourne et al., 2018), are also present in humanitarian settings.

With the purpose of providing guidance in implementation and M & E of MHPSS programs in emergency settings, IASC (2017) has come up with the Common M & E Framework for MHPSS in Emergency Settings. In order for M & E to be carried out effectively, an M & E plan should be included in the program design from the very beginning.

Despite the availability of translated and widely used global scales, they may fail to correspond to the cultural and contextual realities and needs of a specific humanitarian setting. In an effort to create culturally specific psychosocial well-being indicators, the Stepwise Ethnographic Exploration Participatory Ranking Method (SEE_PET) was developed as a rapid participatory method that facilitates community members' engagement in defining and operationalizing definitions into specific, measurable, attainable, relevant, time-bound (SMART) contextual indicators (IOM, 2019). The following case study illustrates how IOM South Sudan used the SEE_PET method to develop psychosocial well-being indicators for IOM MHPSS programming in Wau, South Sudan.

Case Study: Developing MHPSS Indicators in South Sudan for IOM Programming

According to the World Food Programme (WFP, 2021) South Sudan Situation Report 283, an estimated 4 million people have been displaced from their homes due to widespread violence since the Sudanese civil war began in December 2013. In 2014, IOM started to provide MHPSS services in six Protection of Civilians (PoC) sites across the area, sheltering more than 220,000 IDPs.

In order to create a contextually sensitive indicator framework, and to monitor and evaluate new interventions together, a participatory study using the SEE_PET method was designed and included input from representatives of various ethnolinguistic groups. The study aimed to synthesize the ways participants had coped with adversities in the past, which elements of these coping skills had worked, which did not, and how participants envisioned the future.

Participants offered their ideas about what constituted psychosocial well-being in the field phase one, which included 349 persons in 23 focus group discussions (FGDs). A total of 369 participants in 23 FGDs and 8 key informant interviews were asked to verify results and make any modifications in field phase two, after responses were coded and grouped into domains and indicators.

The study created an indicator system based on the operational meanings given for each of the domains and allowed service providers to establish a baseline from which to develop MHPSS interventions accordingly.

Source: Kühhas et al. (2017). Development of Participatory Psychosocial Well-being Indicators for IOM MHPSS Programming in Wau, South Sudan. <https://southsudan.iom.int/media-and-reports/other-reports/development-participatory-psychosocial-well-being-indicators-iom>

In addition to measuring the outcome and effects of interventions, a well-functioning M & E system is important and necessary for learning and accountability purposes. Needs, resources, socially and culturally adequate implementation strategies, and objectives in the rapidly changing environment of humanitarian emergencies are reviewed through an M & E system (IOM, 2019). The IASC (2012) toolkit “Accountability to affected populations” provides detailed advice on how to engage communities in program assessment, design, and M & E; how to receive feedback from community members through feedback and complaint mechanisms that are integrated into the program; and how to provide accessible and timely information to affected populations on organizational procedures, structures, and processes.

5.3.5 *Providing Inclusive MHPSS Services*

In order to provide inclusive services and ensure diversity in line with the human rights, equity, and participation principles of MHPSS service provision, various vulnerabilities of persons of concern should be taken into account while designing programs. IASC’s (2019) “Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action” defines diversity as “differences in values, attitudes, cultural perspectives, beliefs, ethnic background, nationality, sexual orientation, gender identity, health, social status, impairments, and other specific personal characteristics” (p. 38).

Having policies in place related to age, gender, and diversity ensures that organizations are inclusive and held accountable to persons of concern through informed practices, such as promoting gender equality and the best interests of children. All data collected at any point of an aid program should be disaggregated by age, sex, and other demographic identifiers, as contextually appropriate and possible.

Accessibility is key with regard to the provision of inclusive services. Accessibility can be ensured by designing products, environments, programs, and services that are usable by all people (Convention of the Rights of Persons with Disabilities, 2006) and by eliminating any barriers that hamper the participation of certain groups of people. These barriers may be attitudinal, such as stigma and bias around receiving MHPSS services. There may also be environmental barriers, which include physical obstacles preventing access and affecting opportunities for participation

(IASC, 2019). In particular, people with mental, physical, and sensory disabilities face these barriers in accessing services.

All community subgroups, such as people from different ethnic and religious backgrounds, must be represented in all stages of programming, from initial assessment to final evaluation, which requires making an intentional effort to prevent obstacles to participation (IOM, 2019). Some ways to promote the inclusivity of MHPSS services include incorporating services for intellectually disabled persons, establishing physically accessible premises for service provision, providing services in all local languages to the extent possible, tailoring the working hours of service delivery to the availability of service recipients, and building staff capacity to work with persons with specific needs.

5.3.6 *Challenges and Considerations in MHPSS Programming*

Community engagement is an essential component of MHPSS programming in order to uphold the community participation principle. However, the process of engagement can be quite challenging, due to the displaced communities being spread out; a lack of trust in service providers; a lack of resources, as meaningful inclusion of communities can require additional funding and human resources; and an organization's fear of receiving negative feedback, among other reasons (IOM, 2019).

Mental health-related stigma is a very common problem and creates a barrier for people reaching out to services. MHPSS services that are integrated into wider systems, such as general or public health services, education systems, or social services, are more likely to be accessible and sustainable and convey less shame and stigma (UNHCR, 2007). As an example, a gender-based violence survivor may find it easier to reach out to health or reproductive health services and livelihood services that are conducted in safe locations (referred to as *women and girls' safe spaces* in the Protection sector) rather than to directly seek mental health services. Non-integrated MHPSS services do not only increase the likelihood of stigma but also fall short in responding to the complex needs of persons of concern. Awareness-raising campaigns and psychoeducation appear to be useful practices in reducing the stigma of seeking MHPSS services. Such campaigns may use various media and social media platforms as well as posters and leaflets containing visuals and messages in local languages, as well as updated information on services and useful contacts. In addition, during each stage of programming, careful attention should be given to ensure that stigma and biases about and within certain groups are not perpetuated or created.

Limited mental health support infrastructure in low- and middle-income countries (LMICs) that host displaced persons is another common problem faced in developing MHPSS programs. This may be because of damaged health facilities, limited health staff, and limited or compromised access to health facilities. According to WHO (2005), approximately four out of five people with mental

health conditions do not receive care in LMICs. Other implementation challenges faced as a result of infrastructure problems include a *lack of privacy and confidentiality* while providing services and a *lack of trained and specialized staff on MHPSS*. Enhancing capacity building of healthcare staff, paraprofessionals, and community workers through ongoing training, support, and supervision is one of the recommendations in International Medical Corps' (2016) Policy Brief on the Integrated Approach to Strengthening Mental Health Services in the Middle East.

Lack of provision of (structured) technical supervision can also be a challenge stemming from infrastructure problems, but this is also the case with many humanitarian agencies providing MHPSS services. Especially when there is limited trained and specialized staff to provide MHPSS services, technical supervision can play a key role in the timely identification of any MHPSS-related concerns, such as the appropriateness of MHPSS activities in the respective context, and in mainstreaming the do no harm approach throughout the program. While supervised staff's personal and professional advancement should be addressed through technical supervision, which is expected to be a process of support and reflection (IOM, 2019), the monitoring of program standards and performing managerial duties often becomes the focus. Also, supervisors may be overwhelmed by their workload, which often includes reporting and other paperwork, such that technical supervision is the first thing to be sacrificed in order to complete other, more "visible" work. This situation can be overcome by assigning the task of technical supervision only to qualified technical supervisors who ideally are not given other overwhelming tasks. Technical supervisors should also include emotional support and care for staff in the supervision structure in order to prevent staff burnout, which may result from the repeated hearing of stories of difficult experiences, as well as overidentifying with clients with whom staff share similar experiences and backgrounds.

MHPSS programs should address *language and cultural considerations* by ensuring the availability of trained and qualified interpreters, especially when working with displaced populations who speak different languages and come from different cultural backgrounds than staff. A lack of linguistic and cultural understanding has been associated with misdiagnosing service recipients (APA, 2017). For example, research exploring the somatic complaints that are most frequently reported by Southeast Asian refugees has found that many do not believe in the dichotomy of mind and body, which may result in wrongly attributing affective symptoms as somatic symptoms (Sonethavilay et al., 2011). When working with interpreters, it is important to be mindful that the client-social worker relationship is vulnerable to interpreter bias, distortion, and miscommunication. Social workers should maintain a stance of cultural humility and educate themselves on the historical and social contexts of the refugee populations they work with while acknowledging that they can never be fully experts of a culture that is not their own.

Sustainability of programs and their achievements is also an important challenge to be considered. Solely relying on external donors to sustain services will eventually result in the closure of programs. As a result of the need for alternative funds, various funding sources, including pursuing charitable donations as part of a collective annual campaign, soliciting monetary and in-kind donations from individuals,

and establishing a commercial profit-making entity, have been developed (Hardina et al., 2007). However, the most critical and effective approach to increase sustainability of services is the active involvement of communities and local governments at every level of a program through various means, such as establishing partnerships and building or enhancing capacity of MHPSS staff (IASC, 2017). In doing so, programs can avoid creating redundant systems that parallel already existing ones. In addition, short-term services provided in emergency contexts can be transitioned into long-term MHPSS programs by seizing the opportunity created by a crisis, to develop new services or reform existing ones (Jones et al., 2009). As is emphasized in Sect. 5.5, MHPSS programs should be integrated into wider health systems and implemented at all levels of healthcare to be more sustainable. Regardless of the approach program developers take in addressing issues of sustainability, an explicated and realistic exit strategy should be developed and implemented when needed.

The issues outlined here must be taken into consideration prior to the design and implementation of any MHPSS program, and relevant strategies to address them must be developed in order for services to comply with the humanitarian principle of do no harm.

5.4 MHPSS Coordination and Cross-Cutting Issues in Emergencies

Chapter 4 offers a detailed description of the different coordination structures for emergency response within the humanitarian system. Intersectoral coordination among humanitarian actors providing health, education, protection, and social services is required to ensure that services provided are complementary and not redundant. Communication with food, security, shelter, and water and sanitation sectors should also be sustained to ensure that these services are provided in a way that promotes mental health and psychosocial well-being.

One of the main issues faced in ensuring appropriate coordination is bridging the gap between “mental health” and “psychosocial” services, which are often associated with the health and protection sectors, respectively (IASC, 2007). MHPSS and protection actors should coordinate activities, such as the inclusion of referral pathways in programs, disseminating information on existing MHPSS and protection referral pathways, and implementing joint projects and programs to ensure that they are working effectively and efficiently (IOM, 2019). Effective coordination can also be hindered when local contributions are undermined or marginalized. Having one or more skilled and knowledgeable national organization(s) as part of program leadership can reduce power differences between members of the coordination group and can increase representation of local communities and their practices (IASC, 2007).

The services provided in the MHPSS sector are closely connected with other sectors, as reflected in the intervention pyramid for MHPSS in Fig. 5.1. Social workers work most closely with the health and protection sectors due to the very

nature of MHPSS activities. Therefore, service mapping and referral mechanisms should be in place and regularly updated.

Although the aforementioned coordination system is mainly valid for emergency settings, there are many non-emergency humanitarian settings in which it functions similarly. Countries experiencing emergencies have a great opportunity to evaluate the functionality and adequacy of their current mental healthcare system, if one exists, and pave the way for an improved system to be developed and in effect beyond emergencies (WHO, 2013).

5.5 MHPSS Policy and Advocacy Recommendations

As social change catalysts, social workers have an important role in contributing to developing policy and programs for refugees and people seeking asylum and in advocating for their rights at local, national, and international levels. In mobilizing for change, efforts to improve existing policies and practices on behalf of or with clients through direct intervention or through empowerment are inseparable from the act of advocacy in social work (Hardina et al., 2007).

A mental health policy, described by WHO (2018) as an official government statement that communicates an organized collection of values, principles, and objectives for enhancing mental health and reducing the burden of mental disorders in a population, can significantly improve the psychological well-being of a population of concern. Ideally, a mental health policy should be followed by an action plan that outlines how the policy's goals will be met. Because 153 LMICs are home to more than 85 percent of the world's population (Jakob et al., 2007), it is of crucial importance to discuss policy and advocacy needs in LMICs. As an important step to address the extensive gap between the burden of mental illness and available services, WHO Mental Health Global Action Programme (mhGAP) was first launched in 2008 and revised in 2016. The mhGAP acknowledges that in many LMICs, the care gap is as high as 75% (WHO, 2010). Integrated mental healthcare, which requires systems to be aligned for both acute episodes and chronic care, poses a challenge for LMICs' primary care systems that have traditionally been designed for episodic and acute care needs (Patel et al., 2013). Peterson et al. (2019) explored the barriers, opportunities, and implications of efforts to scale up the integration of mental healthcare into primary healthcare in six LMICs: Ethiopia, India, Nepal, Nigeria, South Africa, and Uganda. The authors emphasize the importance of strategic resource use and multi-sectoral resource mobilization, task-sharing to respond to the treatment gap in contexts in which there is a persistent shortage in mental health specialists, and essential mental health indicators in monitoring quality of care (Petersen et al., 2019).

WHO's (2013) report, "Building Back Better: Sustainable Mental Health Care After Emergencies," describes the MHPSS opportunities and achievements attained between 2000 and 2010 in ten diverse, emergency-affected areas: Afghanistan, Burundi, Indonesia (Aceh), Iraq, Jordan, Kosovo, Occupied Palestinian territory,

Somalia, Sri Lanka, and Timor-Leste. The following case study explains the achievements with community-based mental healthcare in Kosovo during the Kosovo War and at present. As one of the most common issues faced in humanitarian response settings is the continuation of services, case study 2 below highlights the need to focus on local resources and a sustainable stream of financial support.

Case Study: Kosovo's Mental Health Reform and Current Situation

Kosovo was subjected to a great deal of violence and upheaval from 1998 to 1999, which caused the forced displacement of hundreds of thousands of people. International humanitarian intervention included provision of protection, aid, and healthcare. At the time, mental health services were provided within a neuropsychiatric system due to the country's hospital-focused and biologically oriented mental health services. Having observed the psychological distress experienced by refugees, practitioners felt the need to treat psychological traumas through new approaches presented by humanitarian organizations. WHO established a mental health unit and advocated for a community-based approach as a new way of managing mental disorders. A mental health task force was created by Kosovan neuropsychiatrists, who developed a mental health reform strategy with the support of international experts. The Mental Health Strategic Plan, developed and officially approved in 2001, included both mental health policy and an implementation plan, and many organizations and donors contributed to this reform in various ways. The Shtime Special Institution, once considered Kosovo's primary mental health institution for long-term patients, transitioned into the Center for Integration and Rehabilitation (WHO, 2013).

While WHO (2013) reports that the country's mental health system is vibrant "due largely to the focus on sustainability and the commitment of local health professionals" (p. 66), the director of a community mental health center has reported that his center was barely able to cover the cost of salaries for employees or treatments and programs offered to patients (Kienzler, 2019). Most of the funding allocated to reforms was spent on constructing new buildings, and not enough resources were allocated to equipping the centers. While there was a severe lack of human resources and funding to efficiently continue programs, this does not mean that the reforms were unsuccessful. New practices, valuable epidemiological data, and increased awareness on mental health all resulted from the reform activities.

Non-governmental organizations should also advocate for strong collaboration among partners, to facilitate the implementation of global best practices and to respond to community needs in a complementary and collaborative way. Some of these best practices include the provision of multilayered supports, integrating mental health services into primary healthcare, building informal community mental health services, and promoting self-care (WHO, 2007). The objectives set out

during the policy development phase of humanitarian interventions must be met with coherent and realistic strategies, activities, timeframes, and budgets. Lastly, regular monitoring and evaluation of policies and plans must be embedded in the response system, to ensure the progress of an intervention's action plan.

5.6 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. Discuss the various stressors refugees may experience during their refugee journey and how you would ensure that your focus as a social worker is not only on “traumatic experiences” faced during their pre-flight and flight phases.
2. List the steps to be taken in designing MHPSS programs.
 - (a) Discuss methods for collecting MHPSS needs assessment data and its difference from MHPSS research.
 - (b) Explain the MHPSS approaches used in humanitarian settings and provide an example of each.
 - (c) Explain how a social worker can support monitoring and evaluation processes in MHPSS programs.
 - (d) Discuss possible barriers to the inclusiveness of services, and how a social worker can contribute to the provision of more inclusive services.
3. Discuss the challenges and considerations in MHPSS service provision and how you would address them as a social worker.
4. Discuss the importance and relevance for the MHPSS sector to coordinate with other sectors.
5. Explore possible ways for social workers to contribute to MHPSS-related policies in LMICs and advocate for their clients.

5.7 Additional Resources

Readers are encouraged to access the following resources to deepen their understanding of topics covered in this chapter.

1. Inter-Agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.
2. Inter-Agency Standing Committee MHPSS Reference Group (2012). *Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity Codes*. IASC.
3. International Organization for Migration. (2019). *Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement*.

4. Papadopoulos, R. K. (2021). *Involuntary Dislocation: Home, Trauma, Resilience and Adversity-Activated Development*. London: Routledge.
5. World Health Organization & United Nations High Commissioner for Refugees. (2012). *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*. WHO.

5.8 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

1. Give case studies of different MHPSS programming, and ask students to discuss how they would ensure the adherence to the MHPSS principles (human rights and equity, participation, do no harm, building on available resources and capacities, integrated support systems, and multilayered support) in groups.
2. Assign students to conduct interviews with MHPSS specialists, providing service in a humanitarian context around the globe to learn what works best and least in that context, and what the particular challenges and considerations are. Ask them to present the interview outcomes/notes in the classroom.
3. Divide groups into policy/advocacy/assessment/evaluation, etc., and give them the task to come up with a plan for conducting these activities in specific contexts.

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Chapter 6

Future Trends: The Challenges of Climate Displacement



Susana B. Adamo

6.1 Introduction

The impacts of climate change threaten basic human rights and the achievement of the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in 2015. These threats are especially evident when they result in internal and cross-border displacement and resettlement (McAdam & Limon, 2015, p. 2). Already in 1990, the Intergovernmental Panel on Climate Change's (IPCC) First Assessment Report (ASR) warned that "migration and resettlement may be the most threatening short-term effects of climate change on human settlements" (IPCC, 1990, pp. 5–9). This is largely because climate change can result in a loss of housing, as in flooding and landslides; a loss of livelihood resources, including water, energy, food supply, and employment; and a loss of social and cultural resources, such as cultural properties and neighborhood or community networks (IPCC, 1990, pp. 5–9). Today, the impacts of climate change are broadly recognized as direct and indirect drivers of migration and displacement, and they are expected to become even more prevalent in the future (Black et al., 2011; Ionesco et al., 2017; Rigaud et al., 2018; IDMC, 2020), only adding to the burden of already vulnerable and marginalized populations suffering from lack of access to resources, historical discrimination and exclusion, and social and spatial segregation (Powers et al., 2018).

For this reason, climate displacement needs to be incorporated into social workers' practice (Drolet et al., 2013; Powers et al., 2018). In effect, social workers have specific and critical roles in every phase of disaster response management, including both the early stages of alarm and voluntary evacuation (Coyle, 2018; Javadian,

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2007) and the later stages of relocation to temporary shelters or different areas. Furthermore, social workers' holistic approach in working with individuals within their environment requires understanding of short- and long-term needs of different communities (IFSW, 2012; Kemp & Palinkas, 2015). Finally, social workers are well positioned to ask critical questions about how environmental displacement differently affects migrants, families, and communities in both their areas of origin and their destinations (Powers et al., 2018, p. 1033). Drolet et al. (2013) conclude that "it is necessary to approach the issue in a holistic way by considering the social, economic, and environmental concerns pre-migration, during migration, and post-migration" (p. 59). This call for an integrative perspective is in agreement with the growing multidisciplinary approach of environmental migration research (McLeman & Gemenne, 2018).

6.2 Case Studies

The case studies presented in this chapter aim to highlight the different types of climate events – slow- and rapid-onset – that could trigger displacement. To illustrate rapid-onset events, one case study focuses on the impact of Hurricane Maria, an extreme weather hazard that occurred in Puerto Rico in September 2017. To discuss slow-onset events, a second case study explores the displacement and resettlement of indigenous communities due to rising sea levels in Alaska. Considered a very slow-onset process, sea level rise-related hazards, such as coastal erosion and sea water intrusion in aquifers, are already resulting in displacement and resettlement.

6.2.1 *Hurricane Maria and Displacement in Puerto Rico*

Hurricane Maria made landfall in Puerto Rico on September 20, 2017, as a category 4 hurricane with 155 mph (250 km/h) winds. The hurricane crossed the entire island from southeast to northwest just 2 weeks after Hurricane Irma, a category 5 storm, resulted in serious damages to the island's electric power grid. Hurricane Maria brought torrential rain, landslides, storm surge, intense wave action, and widespread coastal and internal flooding, as illustrated in Fig. 6.1. The impact on infrastructure was enormous, with complete destruction of the island's electrical grid and serious damages to water infrastructure and cell towers.¹

The death toll and economic and health impacts of the hurricane were catastrophic. After an initial account of just 64, the death toll, though still disputed today, grew to an estimated 3000 people (CENTRO, 2019), including direct and

¹Zimmerman et al. (2020) list 12 strong hurricanes (category F2 (significant damage) or higher on the Fujita scale) since the mid-1800s, which have resulted in about eight thousand deaths and close to \$100 million in economic damages (p. 5).



Fig. 6.1 Flooding in Carolina, a city located on the northeast coast of Puerto Rico, after Hurricane Maria. (US Department of Agriculture, 2017)

indirect disaster-related deaths, while other estimates put the number of excess deaths after the hurricane around 4500 (Palinkas, 2020, p. 37). Controversy about the death toll continues (see, e.g., Sandberg et al., 2019, p. 550) and has fueled widespread outrage among the Puerto Rican population, including the “shoe protest” of late May 2018 (Benach et al., 2019, pp. 3–4).²

Hurricane Maria also resulted in massive displacement within Puerto Rico and from the island to the rest of the United States. The Center for Puerto Rican Studies-CENTRO (2019) estimated that by 2019, between 220,000 and 255,000 residents of the island had relocated to the United States, representing 6.6–7.7% of the total population in 2017.³ This is considered an acceleration of the already high emigration trends due to the economic crisis, involving young adults with relatively higher education levels and reflected in negative net migration rates since at least 1990 (Santos-Lozada et al., 2020; Velázquez-Estrada, 2017). After the hurricane, older populations in particular faced internal displacement, primarily from rural to urban areas. Displaced Puerto Ricans who migrated to the continental United States moved to common destinations, namely, Florida and the Northeast, as well as to new destinations in the South and Midwest (Hinojosa et al., 2018).

²“On May 30th, 2018, the Puerto Rican community honored the memory of the thousands of people whose deaths were not recognized by the government as resulting from the hurricane. Thousands of shoes were placed in front of the Capitol building in San Juan de Puerto Rico as a protest against the concealment of information. Although the exact number of deaths will probably never be known, many people wished to express their respect and mourning for the victims of the hurricane, and demonstrate that the need for the people to get to the truth of what happened” (Benach et al., 2019, pp. 3–4).

³Population estimate from the US Census Bureau for Puerto Rico in mid-2017: 3,325,286.

The particular composition of the population leaving Puerto Rico – which included a larger than usual proportion of families with children – has changed the demographic composition of those remaining on the island. According to the Center for Puerto Rican Studies-CENTRO (2019), “population decline in Puerto Rico led to a series of social, economic, and demographic impacts, such as increasing the vacancy housing units, lower growth rates in child population, and school closures throughout the Island” (CENTRO, 2019, p. 13).

The displaced and migrant population, as well as those who did not move, continue to face challenges in the aftermath of the disaster. Poverty was already high in Puerto Rico before the storm, and the impact of Hurricane Maria highlighted and deepened existing inequalities, not only between the island and the rest of the United States⁴ but also within Puerto Rico itself (Palinkas, 2020, p. 35). This includes spatial inequalities, such as relief services taking longer to reach more remote areas of the island relative to urban areas, particularly San Juan (Kishore et al., 2018).

Reasons for leaving Puerto Rico were multiple and changed over time. The widespread destruction of homes, creating homelessness, and the destruction of infrastructure, evidenced by a lack of services, were the most common reasons for leaving, in addition to causing longer stays in shelters and increases in mental illness and other health-related issues. Immediately after the storm, Puerto Ricans left because of employment loss, lack of access to health services, a shortage in potable water and power, the destruction of property, and food shortages. Over time, economic motivations for migration due to the hurricane’s damaging impact on the island’s economy, considered an indirect effect of the hurricane, became more commonly mentioned. Limited government assistance on the island and on the mainland, in some cases leading to secondary displacement, was also a common complaint (Palinkas, 2020, p. 41).

Overall, displaced Puerto Ricans suffered an overall decline of their quality of life, including serious housing problems in the receiving areas. However, there are important heterogeneities in socioeconomic status among the displaced. This is represented by the two Hurricane Maria-related waves of arrivals to the continental United States, which mirror socioeconomic inequality in Puerto Rico: a first wave of those with resources left earlier and by their own means and a second wave left later, only with government support. The transition has been hard for all communities involved. The displaced population, particularly children and adolescents, and host communities face difficulties regarding the burden on available resources for health, mental health, education, and social services. The origin communities (i.e., where the migration flows originated) in Puerto Rico are challenged by selective depopulation and increased emigration, which resulted in changes in population composition that could be detrimental for economic recovery (Palinkas, 2020, p. 44). The process of recovery would require return migration and the involvement of the new diaspora. However, it is not known how many are still displaced, how many have relocated or resettled in new areas, and how many have returned to Puerto Rico or plan to.

⁴Bonilla (2020) argues that the status of Puerto Rico as an unincorporated territory of the United States and the ongoing deep economic and financial crisis are critical underlying conditions when analyzing the disaster aftermath, including the death toll.

Social workers in Puerto Rico were present in the aftermath of Hurricane Maria. Immediately after the impact, they were part of interdisciplinary teams reaching out to isolated and vulnerable populations in need of health care and other basic services such as temporary shelter and food. Later on, the focus was on trauma-informed services for individuals and communities still trying to regain basic services and start the reconstruction of their homes (Niles & Contreras, 2019, p. 9; Coyle, 2018).

6.2.2 *Usteq, Displacement, and Resettlement of Alaskan Indigenous Villages*

Usteq, in Alaska Yup'ik language, refers to the catastrophic land or permafrost collapse caused by the combination of erosion, flooding, and thawing permafrost. It has been connected to rapidly increasing temperatures, as Alaska is warming much faster than the global average; rising sea levels; wave action; and storm surge. As of 2020, *usteq* has resulted in riverbank and coastal erosion, as well as the destruction of infrastructure and buildings (Bronen, 2013; Bronen et al., 2020).

In addition to the processes associated with *usteq* (storm surges, sea ice encroachment on land, coastal erosion, and landslides) that threaten homes and villages, other climate-related factors also affect indigenous communities. Hunting season takes place earlier in the year and is also shorter, exemplifying how climate change impacts subsistence economies. In the case of Alaska, such economies include hunting, fishing, and gathering or foraging, which have all become focuses of climate justice (or injustice).⁵ Among those impacted, small communities are more vulnerable, not only economically but also in terms of nutrition and, ultimately, of health (Palinkas, 2020, p. 133). In addition, stress, anxiety, and uncertainty because of climate-related damages and subsequent relocation processes continue to have an impact on the mental health of affected populations.

Several of the Alaskan villages affected by *usteq* are considering relocation: Kivalina, Shishmaref, Teller, Golovin, Shaktoolik, Unalakleet, Newtok, Allakaket, Hughes, Huslia, Koyukuk, and Nulato (GAO, 2009, p. 19). The cases of Kivalina and Newtok are frequently documented, but there are many more villages in similar situations. As of 2018, at least 17 communities were in the process of relocation, most of them Native American or Alaska Native and many in remote locations. The relocation or resettlement process in Alaska has been a very long one, and communities are faced with significant legal and administrative hurdles in their decision-making processes (e.g., US-GAO, 2009; Bronen, 2013).

⁵“Climate change both causes and exacerbates the inability of indigenous communities in Alaska to practice a subsistence way of life and maintain their traditional knowledge in a place of health and safety, which undermines their land and cultural sovereignty in an already contested landscape. Given that climate-induced vulnerabilities have led several indigenous communities in Alaska to plan for community relocation, it is important to understand how relocation as a climate adaptation strategy is viewed within the climate change discourse” (Knodel, 2014, p. 1192).



Fig. 6.2 Kivalina, Alaska, August 2009. (McNeil, 2009)

For example, the village of Kivalina's decision to relocate was made in 1992, but to date, a new site has not been selected. The village is located in a barrier reef (Fig. 6.2) considered highly vulnerable to erosion, storms, and flooding, but the village has had conflicts with federal and state agencies because of failed mitigation measures (e.g., seawalls) and characteristics of potential relocation sites (Bronen, 2013; US-GAO, 2009). In addition, communities are often tied to their current location because of existing infrastructure and resources, such as schools, and because no other site has been identified (Palinkas, 2020, p. 131). Conversely, as of 2019, the residents of the village of Newtok, located in a flat river marshland, already have a relocation site. Resettlement of its residents is ongoing, albeit very slow. However, the process of choosing and confirming a resettlement area took about 30 years, during which the village was neglected (Kim, 2019).

As the process of relocation is not complete, it is unknown what its impact on the displaced communities could be. It is known from previous experience (see de Sherbinin et al., 2011) that relocation is always traumatic, in part due to the social isolation of residents resulting from loss of networks, as well as potential loss of livelihoods (Palinkas, 2020, p. 136). In the case of the Alaskan villages, difficulties in relocation are compounded by a lack of trust in, and the frustration of working with, the state and federal governments, which is rooted in a history of mandate relocations;⁶ conflicts between indigenous knowledge and scientific knowledge; and the potential loss of cultural identity.

⁶“For indigenous communities in Alaska, climate-induced relocation cannot be separated from the history of government-mandated relocation and land dispossession, which have hindered the application of traditional knowledge to climate change adaptation” (Knodel, 2014, p. 1187). For example, Aleut communities were compulsorily moved during World War II (Maldonado et al., 2013, p. 603), and during Alaska's transition to statehood in the late 1950s, many indigenous people lost access to sovereign land and to hunting and fishing resources (Knodel, 2014, p. 1187).

In the context of Alaska's relocation of villages and the needs of the affected populations, an adaptive governance framework has been proposed to bring together an array of stakeholders, including different government bodies at the national, state, and tribal/community levels, and to enable the co-production of knowledge. Based on human rights principles, the framework aims to bolster "the ability of institutions to dynamically respond to climate change impacts" (Bronen, 2015, p. 1) and to shift the focus "from protecting people in the places where they live to creating a relocation process when environmental and social thresholds are surpassed" (Bronen et al., 2020, p. 188). To some extent, this policy approach could be considered a local, community-based version of managed coastal retreat (Warner et al., 2019, p. 11; Siders, 2019; Bronen, 2020).⁷

6.3 A Brief Overview of the Climate Displacement Field

This section summarizes conceptual frameworks and types of environmental migration, briefly touches on the different implications of internal and cross-border mobility, and presents current trends and future scenarios of climate displacement.

Though it still faces substantial challenges, the field of climate migration and displacement has seen large developments in the last 10 years. Two trends define current scholarship on the field. First, it has seen a broader, two-way engagement with the field of migration and displacement research, as well as increasing inclusion of social sciences concepts. Second, the field of climate migration and displacement is growing in its multidisciplinary focus with the inclusion of the fields of gender studies, computer modeling, law, international development, and other areas (McLeman & Gemenne, 2018, p. 12).

6.3.1 *Concepts and Frameworks*⁸

Environmental migration is defined as "the phenomenon of moving for reasons related to events, conditions, and changes in the natural environment" (McLeman & Gemenne, 2018, p. 4), and climate displacement and migration are considered subtypes of this phenomenon (IOM, 2019). More specifically, the International Organization for Migration (IOM) defines environmental migrants as "a person or group(s) of persons who, predominantly for reasons of sudden or progressive changes in the environment that adversely affect their lives or living conditions, are forced to leave their places of habitual residence, or choose to do so, either

⁷Managed retreat can be defined as the "purposeful, coordinated movement of people and assets out of harm's way" (Siders, 2019, p. 216).

⁸This section is partially based on Adamo (2014) and Adamo (2018).

temporarily or permanently, and who move within or outside their country of origin or habitual residence” (IOM, 2007, 2012, 2019).⁹ It is interesting to note that still “there is no legally agreed upon definition of environmental migrants and migration” (IOM, 2014, p. 21).

It is important to consider the following three ideas and characteristics when analyzing environmental migration. First, population mobility is a multidimensional and multifaceted phenomenon, with multiple levels of analysis, embedded in social and other contexts and further defined by temporal and spatial dimensions. Second, migration is both a development challenge and an opportunity, as it is influenced by and also influences human well-being and behavior in both origin and destination places. Third, human migration could be potentially influenced by environmental factors, but it is ultimately shaped by a complexity of forces or drivers, including social, economic, and cultural processes (Adamo, 2014, p. 97).

Because of its complexity, one of the most difficult issues in climate migration and climate displacement research is still that of “attribution” (i.e., causal links (James et al., 2019)). In other words, while there is agreement within the field that environmental factors, including those related to climate change, are among the drivers of migration and displacement, there is still much discussion about the *extent* to which environmental factors, including climate, influence human mobility and the *mechanisms* facilitating this influence. Black et al. (2011) have suggested analyzing environmental factors together with other drivers of migration and displacement. The diagram in Fig. 6.3 categorizes five groups of factors that influence migration, each with its own spatial and temporal variabilities in origin and destination. The diagram also shows two possible outcomes, staying or leaving, and different types of migration. This framework adds agency, constraints, and facilitators as

⁹The concepts at large are “**environmental migration**: the movement of persons or groups of persons who, predominantly for reasons of sudden or progressive changes in the environment that adversely affect their lives or living conditions, are forced to leave their places of habitual residence, or choose to do so, either temporarily or permanently, and who move within or outside their country of origin or habitual residence. (Note: Migration in this context can be associated with greater vulnerability of affected people, particularly if it is forced. Yet, migration can also be a positive response to environmental stressors, helping to adapt to changes in the environment and to build resilience of affected individuals and communities)” (IOM, 2019, pp. 64–65); “**climate migration**: the movement of a person or groups of persons who, predominantly for reasons of sudden or progressive change in the environment due to climate change, are obliged to leave their habitual place of residence, or choose to do so, either temporarily or permanently, within a State or across an international border (Source: Warsaw International Mechanism, Executive Committee, Action Area 6: Migration, Displacement and Human Mobility – Submission from the International Organization for Migration (IOM, 2016); M. Traore Chazalnoël and D. Ionesco, *Defining Climate Migrants – Beyond Semantics* (IOM weblog, 6 June 2016) (last accessed 23 May 2018) (Note: This [definition of climate migrants] is a working definition of the IOM with an analytic and advocacy purpose that does not have specific legal value. Climate migration is a subcategory of environmental migration; it defines a singular type of environmental migration, where the change in the environment is due to climate change. Migration in this context can be associated with greater vulnerability of affected people, particularly if it is forced. Yet, migration can also be a form of adaptation to environmental stressors, helping to build resilience of affected individuals and communities)” (IOM, 2019, p. 31).

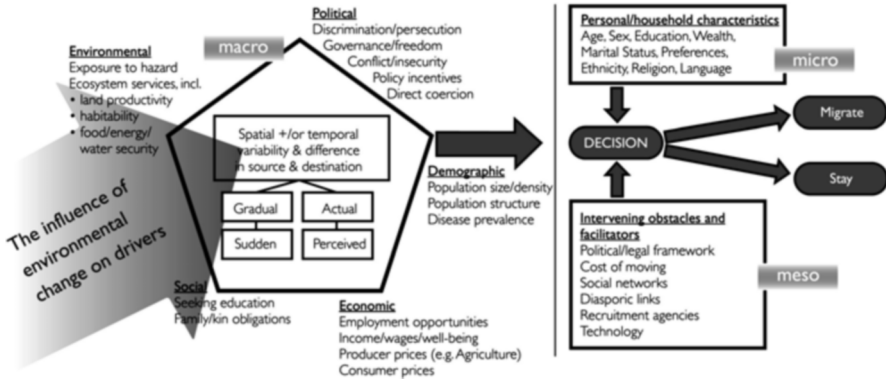


Fig. 6.3 A conceptual framework of environmental migration. (Reuse of Foresight, 2011, p. 9 by The Government Office for Science, London. © Crown copyright)

mediating factors between drivers and outcomes of migration, and it explicitly incorporates the direct and indirect influence of environmental/climate change-related factors.

The massive displacement of the Syrian population and the resulting ongoing humanitarian crisis illustrate the complex relationship between human mobility and the influence of climate and other environmental factors. Syria suffered severe droughts in 2006–2009 and then again in 2011, which heavily impacted rural livelihoods (according to Levy et al. (2017, p. 248), about 80% of the country’s cattle died). This led to acute food insecurity, farm abandonment, and increasing migration to urban areas and eventually to cross-border and international displacement (Palinkas, 2020). In addition to water and climate factors, Syrian displacement has also been impacted by religious, socioeconomic (including food prices and high unemployment in urban areas), political, regional (i.e., the Arab Spring), and historical factors, resulting in intense internal conflict (Gleick, 2014). Kelley et al. (2015) have suggested that the severe 2011 drought had “a catalytic effect, contributing to political unrest” (p. 3241). However, other authors have advised caution when analyzing climate factors as drivers or triggers of human mobility, displacement, and conflict (Selby et al., 2017) and to avoid “simple and sensationalist conclusions” (Brzoska & Frohlich, 2016, p. 191).

Individual or collective perceptions of an environmental event, including its degree of risk, one’s potential for exposure, one’s vulnerability, and severity of the disaster, are relevant in understanding people’s decision to move or stay. Consider, for example, the choice to evacuate before a hurricane. Why might some people leave while others decide to stay? Issues of attribution, or considering to what degree climate is a driver of the event, and agency in making the decision to leave also reveal crucial differences between sudden- and slow-onset climate events. The two case studies presented earlier clearly indicate that sudden-onset hazards, like Hurricane Maria, and slow-onset hazards, such as *usteq* in Alaska, affect mobility in different ways and through different processes.

Another important distinction is between internal and cross-border/international environmental displacement. Most of the climate-related mobility is, and is expected to remain, within-country, adding to the number of internally displaced people. However, cross-border displacement still occurs and has been well-documented, as in the cases of Hurricane Mitch in 1998 in Central America, the 2004 Indian Ocean tsunami, the 2010 Haiti earthquake, and the 2011–2012 Ethiopian drought (Obokata et al., 2014; Nansen Initiative, 2015).

However, it is important to remember that climate migrants do not become refugees when they cross international borders. This is a very important issue as it relates to different discourses and has implications for practice (McAdam & Limon, 2015, p. 16; Nansen Initiative, 2015). Ionesco (2019) states that “reducing the issue of migration in the context of climate change to the status of “climate refugees” fails to recognize a number of key aspects that define human mobility in the context of climate change and environmental degradation” (she lists ten arguments on the disadvantages of the term “climate refugee”). Adding to the ongoing discussion, Gonzalez (2020) suggests that the term contributes to the militarization of the climate migration discourse (pp. 121–22) and diminishes or puts in question the agency of displaced populations (p. 124).

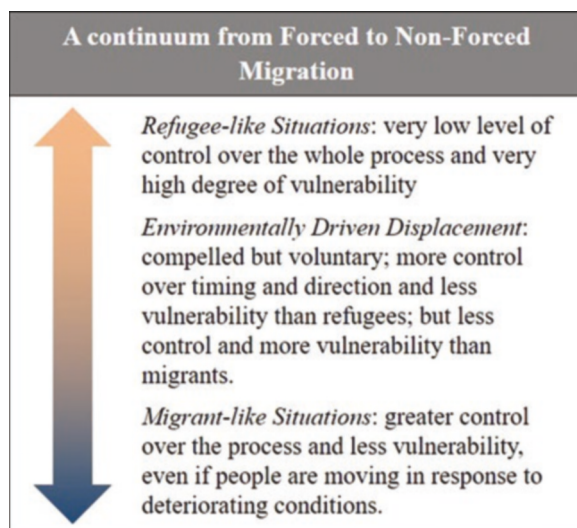
6.3.2 About Inequality, Vulnerability, and Resilience in the Context of Climate Displacement

On a continuum of voluntary to forced mobility, climate migration is considered to be relatively forced (see Fig. 6.4). The closer a form of migration is to the forced end of this spectrum, the more likely the movement is classified as displacement, with relatively less control over the situation and increasing vulnerability, and the grimmer the consequences for the affected populations.

Disasters amplify, magnify, and exacerbate pre-existing structural inequalities (McLeman et al., 2016; Bettini et al., 2017), which should be expressly addressed (Hunter et al., 2015). Integrating a social vulnerability perspective into analyses of climate displacement is important in being able to bring to light the influence of poverty, inequality, and other underlying contextual factors on disaster displacement. For example, for the case of Hurricane Maria and Puerto Rico, CENTRO (2019) states:

...two years since Hurricane Maria swept through Puerto Rico, the post-Hurricane Maria exodus continues to change the prevailing narrative of the Puerto Rican migration. For the island, the migration exodus reinforces a pattern of depopulation that has induced austerity and the decline in government services and employment, the closing of schools, [and] increased poverty among the most disadvantaged such as families with children and the elderly, among other unfolding consequences of sudden population losses. Those that relocate have the challenge of finding jobs, housing, medical services, and schools. This recent exodus represents one of the most significant historical movements of Puerto Ricans to the U.S. in terms of both volume and duration... (p. 15).

Fig. 6.4 The mobility/displacement continuum. (Own elaboration based on Hugo, 1996; Bates, 2002; Renaud et al., 2007)



A social vulnerability approach also includes a disaster life-cycle perspective, which frames disasters as processes happening in a particular space and time, and incorporates a resilience perspective, which identifies strengths and resources of individuals, households, and communities. G ng r and Strohmeier (2020) suggest that “contrary to the deficit perspective, a resilience perspective sheds light on processes causing average or good adaptation despite having faced adversities” (p. 2).

It should be noted, however, that vulnerability and resilience are not necessarily antonyms, as they address different traits of a community. While vulnerability is measured by what characteristics put a community at risk, resilience is assessed by what capabilities and resources a community has in order to face, cope, and adapt to shocks and changing conditions. Some researchers even suggest that how resilient a community is could be considered part of its profile of vulnerability (Oliver-Smith et al., 2016, p. 26) and that there are areas of convergence where co-production of knowledge and practice is possible (Miller et al., 2010). This discussion echoes the debate about migration as both maladaptation and a successful adaptation strategy to climate change. It can, indeed, be both, depending on circumstances and context, which are also subject to change. Bettini et al. (2017) claim that it is important not to lose sight of the question of climate justice.

6.3.3 Current and Future Trends

In 2019 alone, there were 33.4 million *new* internal displacements associated with disasters and conflict, across 148 countries and territories. Of these, 24.9 million (74.5%) were due to environmental disasters, and 23.9 million were weather-related. These are the highest numbers for disaster displacement since 2012 (IDMC, 2020).

Box 6.1 provides more information on magnitudes and trends, as well as sources, from the Migration Data Portal.

Box 6.1: Environmental Migration: Recent Trends

- Magnitude: by the end of 2019, about 5.1 million people in 95 countries and territories were living in displacement as a result of disasters that happened both in 2019 and in years prior (IDMC, 2020).
- Most of the new 2019 displacements resulted from tropical storms and monsoon rains in South Asia, East Asia, and the Pacific (IDMC, 2020).
- Slow-onset processes, such as droughts or sea level rise, also increasingly affect people's mobility worldwide. Though specific data are not available, case studies are highlighted by existing research (Foresight, 2011; Ionesco et al., 2017).
- Global data on cross-border movement in the context of disasters are limited, with only a few notable cases being examined so far (Nansen Initiative, 2015; Ionesco et al., 2017).
- The relocation of communities in the context of environmental and climate change is also increasingly implemented by governments. For a summary of recent relocation programs, see Ionesco et al. (2017), Benton (2017), and Georgetown University, UNHCR, and IOM (2017).

Source: As cited in IOM. Migration Data Portal. https://migrationdataportal.org/themes/environmental_migration

Future projections of the impacts of climate change on migration and displacement anticipate an intensification of current trends due to an increasing occurrence of extreme events, both sudden-onset, such as landslides or flooding, and slow-onset, such as droughts, land degradation, and changes in water availability leading to the expansion of drylands (Koutroulis, 2019) and of people living in drylands (Van der Esch et al., 2017, p. 71). The Groundswell report (Rigaud et al., 2018) estimated that by 2050, there could be between 28.3 and 71.1 million internal climate migrants in sub-Saharan Africa and between 5.8 and 10.7 million in Latin America due to the impact of climate change on water availability and crop productivity.

It is wise to always approach the numbers of climate-related migration and displacement with caution and examine sources carefully to avoid falling into the “numbers game” (Brown, 2008; see also Adamo & de Sherbinin, 2011, p. 183). For example, it is common for estimates of displaced populations to be based on the observed or expected number of people exposed to hazards, but not all those exposed would migrate because of, as mentioned, the complexity of migration decisions even in situations of extreme vulnerability. For example, Hauer et al. (2019) analyzed the case of relative sea level rise and migration in coastal Louisiana and found that only 36% of the census block groups that lost land had also lost population.

Moreover, it is important to account for and make visible both those unable to leave (trapped populations) and those that voluntarily decide to stay (Black et al., 2011; Adams, 2016; Zickgraf, 2018).

In 2020, the COVID-19 pandemic is disrupting – directly or indirectly – all forms of mobility because of, among other effects, impacts on labor markets (supply and demand of labor), livelihoods (including incomes and food security), and restrictions on movement or border closures. National policies related to the COVID-19 pandemic have limited internal mobility in many countries, and they have particularly restricted international movements (see, e.g., MacKellar, 2020).

These disruptions in mobility could have serious consequences, including for households relying on international remittances (Sydney, 2020). The inability to travel in order to pursue jobs in other locations, which complements local resources, is already a concern of rural communities in Central America (Giraldo & Obando, 2020). The pandemic has also increased health risks, particularly because of overcrowding and lack of access to services, and deepened effects of pre-existing vulnerabilities of displaced populations in the Global South, including those displaced due to climate and other environmental events (OECD, 2020; UNHCR, 2020).

6.4 Overview of Relevant Challenges and Best Practices

Building on the previous segments and the examples provided by the literature, this section discusses the current and future challenges that social workers may face in climate displacement situations, particularly disasters, and suggests lessons and best practices.

As with other forms of forced displacement in which people on the move have little control over their circumstances (Hugo, 1996), climate and disaster displacement leaves populations highly exposed and vulnerable to different forms of deprivation, human rights violations, exploitation, violence, and abuse, all of which are likely to increase in cases of cross-border displacement. At the international level, there are bilateral and regional agreements regarding the status of people displaced by or migrating due to climate and other environmental factors, but global agreement is still lacking despite climate and other environmental factors being recognized as important drivers in the Global Compact on Migration (United Nations, 2018, p. 9). At the national level, few countries have so far included displacement or migration related to climate change in their National Adaptation Plans.¹⁰ At the sub-national level, some communities are not only more affected by climate change but also run into more barriers in their quest of preparing for its impacts. For example, in Zimbabwe, poverty, gender inequalities, inadequate information about climate

¹⁰The Cancun Agreement (UNFCCC, 2011a, p. 4) invited all countries to develop National Adaptation Plans (NAPs) “to assess their vulnerabilities, to mainstream climate change risks and to address adaptation” (UNFCCC, 2011b, p. 80).

change and adaptation, and lack of adequate institutions for adaptations may restrict the adaptation process and reduce the adaptive capacity of rural communities (Nyahunda & Tirivangasi, 2021, pp. 5, 16).

The many different types of impacts of climate change – sea level rise, extreme weather events, temperature rise, changes in water availability – will affect human rights in several ways, including health, well-being, means of subsistence, education, and property (McAdam & Limon, 2015, p. 7). A primary challenge is acknowledging and assessing pre-existing inequalities within a community affected by climate displacement, as to be exposed and to be vulnerable is not the same. “The differentiated outcomes of environmental degradation and disasters affect poor and marginalized people, poor regions and poor environments the most” (Dominelli, 2013, p. 433).

The case of Puerto Rico and Hurricane Maria presented in Sect. 6.2 illustrates how pre-existing socioeconomic disparities influenced individuals’ possibility of leaving before the hurricane struck, living conditions while displaced, and options for a safe return. Similarly, an acute imbalance of power is evident in the lengthy relocation of native communities in Alaska. In rural Mexico, extreme temperatures disproportionately impact local labor markets in areas heavily dependent on agriculture (through their effects on crop production), reducing the availability of jobs for landless farm workers and increasing migration to the United States or to urban areas within Mexico (Jessee et al., 2017). When Cyclone Idai struck Mozambique in 2019, 90% of the city of Beira was devastated by very high winds and torrential rains resulting in extensive flooding. Displaced populations were mostly from poor, vulnerable communities living in the city’s informal settlements, which were not only under-resourced to withstand Cyclone Idai’s impact but also lacked resources for recovery and rebuilding (IDMC, 2020, p. 25).

The COVID-19 pandemic has also highlighted the dramatic role of pre-existing inequalities and differential vulnerabilities – including the role of age, gender, race, socioeconomic status, and location – in crisis situations (Blundell et al., 2020, p. 292). The pandemic has had drastic impacts on mobility and mobile populations, both through restrictions to displacement and through impacts on migrant and displaced people, such as those in refugee camps (e.g., camps in Cox Bazaar in Bangladesh) or in underserved communities in host cities (e.g., New York City) (Guadagno, 2020; Banik et al., 2020).

A second major challenge in disaster- and climate-related displacement is determining the unique needs of people displaced by climate disasters and how those needs are different from the needs of people displaced for other reasons, such as armed conflict and other forms of violence. In other words, once displacement occurs, does the cause of displacement matter for determining the needs of people on the move? For example, in cases of environmental disasters, it is important to determine if citizenship status could become a marker of vulnerability in order to determine if the distinction between internal and cross-border displacement is actually relevant. In this case, the reason for displacement does matter, because climate migrants and displaced persons are not included in the 1951 Convention on

Refugees, nor are they usually included in regional agreements. This has raised questions about the gaps in protection affecting those displaced by climate-related impacts (McAdam & Limon, 2015).

A third challenge is addressing the needs of those unable or unwilling to evacuate hazard zones ahead of impact, as these communities will also need assistance, often in the middle of devastation (Javadian, 2007). The images of the Superdome, the sports stadium in New Orleans, Louisiana, that became the shelter of last resort when Hurricane Katrina struck, are a dire reminder of this scenario, as are the striking correlations between socioeconomic status and available means to leave Puerto Rico in advance of Hurricane Maria. Residents may also choose to stay put out of fear of losing their homes and livelihoods (Jacobs & Almeida, 2020).

A fourth challenge is to understand and tend to the needs of those unable to return to their place of origin and who opt or are being forced to relocate, either temporarily or permanently (Coyle, 2018). There are known risks associated with resettlement, such as “loss of land, employment, shelter, and access to common resources; economic marginalization; increased morbidity and mortality; food insecurity; and negative cultural and psychological impacts” (de Sherbinin et al., 2011, p. 457). In the aftermath of Cyclone Idai, the government of Mozambique relocated about 80 thousand people living in high-risk areas, mostly to rural areas. Reports indicate that some among them had little to no information about the relocation site and were not involved in the selection of the relocation site, and once there they faced mounting difficulties accessing land, basic services, and transportation, especially those arriving from urban areas (Jacobs & Almeida, 2020).

Finally, a final challenge in climate-related displacement work is securing the involvement of both host and arriving communities and, in some situations, even origin communities. How climate migrants are perceived by receiving communities is an important element to take into account. Evidence from urban areas in Kenya, Vietnam, and Germany suggests climate migrants are seen as being as legitimate as those migrating for economic, political, or social reasons and in some cases even somewhat more favorably than other displaced populations. However, characteristics of migrants (citizenship, ethnicity), origin of the flows (internal or international), and timing of arrivals are relevant. For example, a sudden influx of displacees could trigger negative responses in overwhelmed host communities that lack the necessary resources and services (Spilker et al., 2020; McLeman, 2020; Helbling, 2020).

It has been suggested (Palinkas, 2020, pp. 48–50) that Hurricane Maria or Hurricane Katrina and the subsequent response to the natural disaster could be a template for disaster responses in other locations. These disasters had several points in common, including severe damage over a large area, an elevated number of deaths, increased symptoms of PTSD and other mental and behavioral problems, temporary and permanent displacement, increased burden on host communities, and cultural differences between displaced and host communities.

6.5 Conclusions: Lessons Learned and Needed Knowledge and Skills for Social Workers Practicing in or Impacted by the Climate Displacement Sector

In many ways, social workers already possess the basic skills and training needed to face environmental and climate displacement situations. For example, Javadian (2007) states that “theories and practices that social workers apply in the disasters, such as crisis theory, resources linking, needs assessment, searching for vulnerable people, providing support and post-disaster counseling are precisely those that social workers utilize in daily intervention in various settings” (p. 343). These settings would include vulnerable people in temporary shelters and resettlement due to disasters, according to the author.

Moreover, there is a rich history of social workers’ roles in responding to the needs of displaced people (Lundy & van Wormer, 2018; Popescu & Libal, 2018; Drolet et al., 2013) that have been crystalized in the United Nations’ “Guiding Principles of International Displacement” and the “Manual on Field Practices of Internal Displacement.” These principles and practices have been adopted by several governments as they develop strategies for the prevention, protection, assistance, and development of internally displaced persons (IDPs), including the provision of economic and humanitarian assistance in disaster situations (IFSW, 2012).

Dominelli (2013, p. 436) has proposed the term “green social work” to englobe practices focused on enhancing and protecting the well-being of people and their environments. An understanding of social, economic, and environmental justice is critical for effectively advocating for human rights, a core social workers’ competency (CSWE, 2015, p. 8). Further involvement of social workers in the planning stages of disaster risk reduction and relocation and resettlement plans (e.g., National Adaptation Plans) would contribute to advancing human rights, environmental justice, and sustainable development agendas (see, e.g., Joseph (2017) for suggestions on the involvement of social workers in climate adaptation in small Caribbean island states).

Returning to the case studies, Palinkas (2020) also includes some lessons learned from the cases of Alaskan villages, wondering if their journeys, struggles, and successes – which include a response from the federal government regarding coastal erosion, costs of relocation, legal restrictions, employment and services, and preserving cultural integrity – could be useful to others. The author writes, “for residents forced to relocate, migration will further deplete economic resources and add to migration-related stress and anxiety,” emphasizing that the process of relocation is stressful no matter what (p. 141). This burden can be further exacerbated by certain decisions, such as whether to relocate the whole community (*cohesion*) or individuals (*dispersion*).

Palinkas (2020) also offers four lessons learned from displacement due to Hurricane Katrina, which echo points discussed in previous sections of this chapter (pp. 28–29). These lessons are:

There are different patterns of disaster displacement linked to different types of survivors' decisions, which can be classified by distance and time away from home. Displaced populations have two burdens: one associated with the exposure to the event, and the other associated with the displacement itself. Patterns of displacement and its burden are never shared equally across social groups. Socioeconomic status, race, age and gender play a role in this unequal distribution of impacts and their consequence. Finally, the burdens of displacement are experienced by the displacees but also by the home and host communities.

In particular, Palinkas' fourth lesson emphasizes an aspect that has been relatively neglected despite its importance: that of the inclusion of the host communities in decision-making around climate-related displacement, since their populations may feel unprepared and overwhelmed by the sudden influx of displaced persons.

On the other hand, the field of environmental displacement also offers insights. Warner et al. (2019) list lessons learned from the case of Kivalina, Alaska, among them the need for institutions to take action before risks materialize, to incorporate climate/society interactions and populations' well-being into planning, and to plan for contingency measures for the cases of managed retreat (p. 12). There is also a call to remove constraints for relocating communities in the United States. For example, Bronen (2013) has suggested to modify the Stafford Act¹¹ to include processes such as *usteq* in the federal definition of disasters.

A longitudinal and cyclical view of disaster allows for the consideration of differential needs, including those in the recovery phase (Martin, 2010). The roles and tasks of social workers should adapt to the stages of the disasters and displacement life cycle, as the needs of displaced populations are likely to change as disaster aftermath develops (i.e., immediate needs vs. continuing needs) and displaced groups are also likely to interact with barriers to access and provision of services (Javadian, 2007; Coyle, 2018). Related to this is the multi-location and multi-temporal nature of disaster displacement and climate migration, including different communities.

Finally, COVID-19 has amplified the challenges of climate displacement-related social work and brought to the foreground the need to plan for even more challenging situations (Ebrahim et al., 2020).

6.6 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter. Specifically, this section suggests discussion points based on the knowledge and skills social workers would need to be able to practice in situations of climate displacement. For example, in cases of slow-onset disasters, livelihoods are eroded away over time and reconstruction could take longer, while in sudden disasters, threats to human lives are the main concern. Three discussion points would be:

¹¹ The Act prohibits the allocation of funds for relocation of entire communities.

1. What type of planning may be needed in each type of disaster?
2. What types of skills do social workers need for risk reduction and rebuilding to respond to each type of disaster?
3. How can social workers navigate the needs of displaced and host communities, particularly in the context of a scarcity of resources?

It is equally important to consider that, while there are common principles, flexibility in approach and planning is important to deal with different types of disasters, variability in exposure, pre-existing vulnerabilities that shape displacement, and return and resettlement.

The Forensic Analysis of Disasters (FORIN) is a descriptive template for the analysis of vulnerability and resilience in the context of environmental disasters. The template includes guiding questions, which could be applied to the discussion of vulnerability and resilience overall and for the case studies.

FORIN's Guiding Questions

Vulnerability

- How were loss and damage, impact, and effect differentially distributed between different areas, social groups, and types of infrastructure and production?
- Were there notable aberrations in the sense that less exposed and hazard-prone social and economic elements suffered greater impacts than more exposed and hazard-prone elements? In what sense was this materialized?
- What were the principal pre-disaster differentiated expressions of livelihood and human vulnerability, and what were the principal manifest, immediate, symptomatic causal factors? This could include such things as building collapse with loss of life or loss of livelihood inputs and support infrastructure; loss of transport and energy infrastructure and its impact on livelihoods, health and employment, etc.
- How were the post-impact relief and rehabilitation processes carried out, and how just, equitable, and efficient were they with regard to different social groups and their needs? Did the existing political agenda play a role in the response and rehabilitation processes?

Resilience

- What resource access pathways were available to the community that facilitated an adequate response to the events and processes of hazard impact?
- How did material components (housing and infrastructure) as expressions or results of social priorities and choices fare in the disaster?
- In the case of successive place-based disaster events, were there identifiable response/recovery processes and pathways that exacerbated the likelihood of loss – or, conversely, contributed to reduced damage and hardship?
- What role, if any, did insurance play in local resilience?

- Were there notable differences in the ability of different social and economic groups to face up to and recover from the disaster and its secondary impacts? How can these be depicted, and what were the main elements that explain the social and spatial differentiation in such processes?
- What was the role of social organization, social ties, and networking in building resilience? What specific social organizational forms and practices were activated by the hazard and its impact that enabled the community to organize and work on its own behalf to adequately respond to the disaster? How are these institutions and actions related to questions of root and underlying causes?
- What were the specific dimensions of resilience for a given population?
- What was the balance between the resilience of communities and local governmental policy and practice?
- What, if any, were the cases of social groups that clearly were highly vulnerable to hazard impacts but which also showed important capabilities and capacities to recover and reconstruct their livelihoods and lives? What were the defining characteristics of their vulnerability and, on the other hand, their resilience, when faced with damage and loss?
- What was the composition of societal disaster response networking and coordination?
- Did social conflicts or tensions regarding development priorities, disaster risk, employment, agriculture, and/or tourism affect resilience?

Source: Oliver-Smith et al. (2016, pp. 27–28).

6.7 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

6.7.1 *Hurricane Maria in Puerto Rico: The Numbers Game*

Estimating the number of displaced people in “real time” and visualizing the magnitude of displacement are complicated tasks. We propose to explore the following sites – which illustrate the magnitude of the flows, as well as the fluctuations before, during, and after the storm; to compare the numbers and representation of the information; and to discuss how the way the information is conveyed could influence the perception of the magnitude and characteristics of the displacement.

- 1.a. 130,000 left Puerto Rico after Hurricane Maria, Census Bureau says. <https://www.cnn.com/2018/12/19/health/sutter-puerto-rico-census-update/index.html>
- 1.b. ‘Exodus’ from Puerto Rico: A visual guide. <https://www.cnn.com/2018/02/21/us/puerto-rico-migration-data-invs/index.html>
- 1.c. Puerto Rico ‘exodus’: How CNN analyzed and mapped the data. <https://www.cnn.com/2018/02/21/us/puerto-rico-migration-data-methodology-invs/index.html>
- 2.a. Displacement tracking using social media and cell phone data: Teralytics_Mobility Video (1). <https://streamable.com/kir7j>
- 2.b. Tracking mobility from and to Puerto Rico in the aftermath of Hurricane Maria using cell phone data. <https://www.bloomberg.com/news/articles/2018-05-11/where-puerto-rico-s-residents-migrated-since-maria>

6.7.2 *Using the US Climate Resilience Toolkit*

The US Climate Resistance Toolkit (ca2016) lists five steps to resilience: (1) [Explore Hazards](#); (2) [Assess Vulnerability & Risk](#); (3) [Investigate Options](#); (4) [Prioritize & Plan](#); and (5) [Take Action](#). “These steps help you document climate hazards that could harm the things you care about, decide which situations you most want to avoid, and come up with workable solutions to reduce your climate-related risks. Preparing a city to withstand weather and climate-related hazards can be addressed by applying these steps to regular updates of municipal plans” (U.S. Climate Resilience Toolkit, ca 2016). “Relocating Kivalina” is one of the case studies, illustrating Step 4 (<https://toolkit.climate.gov/case-studies/relocating-kivalina>).

Following the toolkit instructions, and using content from the toolkit and from this chapter (especially Sect. 6.2.2), including the references, the proposal is (1) to explore how the five steps apply to the case of Kivalina; (2) based on that exploration, to outline or sketch a potential plan to boost climate resilience; and (3) to discuss what the role of social workers should be in such a plan.

6.7.3 *Staging Needs*

Susan Martin (2010) suggests that different policies and responses are needed at each stage of the environmentally induced migration process. Similarly, Coyle (2018) focuses on the persisting and evolving needs that emerge as a natural disaster aftermath develops and the challenges that this “complexity of needs” represents for social workers in the field.

The Table 6.1 below lists and details the stages of the life cycle of climate-induced migration. The proposal is to add a third column to the Table 6.1 and indicate the type of need that would be expected in each of them, based on Coyle’s paper.

Table 6.1 Description of the stages of the life cycle of climate-induced migration (Martin, 2010, pp. 1–2)

Stage	Details
1. Pre-migration: prevention, mitigation, and adaptation to environmental hazards	Actions to mitigate climate change and help individuals to adapt to environmental hazards are crucial: “prevention of the underlying causes of environmentally-induced migration and developing mechanisms to adapt to climate change and variability is the most critical need [in managing environmental migration]”
2. Migration/ displacement: different types of movements	Migration can be planned or spontaneous; involving individuals, households, or entire communities; internal or international; short or long distance; an organized movement of people from one location to another, or under emergency circumstances; and temporary or permanent. Each of these forms of migration requires different approaches and policy frameworks
3. Return or resettlement	Is it possible to return? Are the environmental causes likely to persist? Policies in the receiving communities and countries are also relevant, including those related to immigration, land use and property rights, social welfare, housing, and employment
4. (Re)Integration into home or new location	Influenced by policies in previous stages

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Chapter 7

Durable Solutions: Resettlement



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7.1 Introduction

There are currently 82.4 million forcibly displaced people worldwide, of which 26.4 million are considered refugees (UNHCR, 2020a).¹ To determine whether a person seeking international protection is considered a refugee under international, regional, or national law, refugee status determination (RSD) is conducted by nation-states accepting refugees. In states that are not signatories to the 1951 Convention Relating to the Status of Refugees, or the 1967 Protocol Relating to the Status of Refugees, or that do not have a fair or efficient national asylum procedure in place, the United Nations High Commissioner for Refugees (UNHCR) conducts the RSD process. While refugees are granted temporary sanctuary in a transit country before arriving in a new resettlement country, asylum seekers wait for a decision about their status after having arrived in a new country (UNHCR, 2019). There are

¹ See Chap. 3 for in-depth discussion of the definition and conditions of refugee status determination.

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three durable solutions for refugees that are recognized by UNHCR, one of which is resettlement. Though resettling refugees is often debated in political, economic, and social discourse in receiving countries, it is important to note that less than 1% of refugees are permanently resettled (Devictor, 2019). This chapter will further discuss RSD and the subsequent resettlement process. For other durable solutions, host country integration and repatriation of refugees, please see Chaps. 8 and 9 of this book.

7.2 Refugee Status Determination

Refugee status determination (RSD) is the process that is used to establish whether an individual who seeks international protection can be designated as a refugee. Refugees can claim protection on the grounds of having a well-founded fear of persecution on the grounds of race, religion, nationality, membership of a particular social group, or political opinion (UNHCR, 2016). Different forms of refugee recognition by UNHCR, including individual recognition, group-based recognition, accelerated and simplified procedures, and merged registration (or merged resettlement), processes are discussed below. Factors that explain which forms are employed and the circumstances surrounding the influx of refugees to different regions of the world are also examined.

7.2.1 Quality Assurance of UNHCR Refugee Recognition

UNHCR has established many standard operating procedures to safeguard its RSD process and to guarantee its quality and efficiency. For example, the agency works to ensure that all UNHCR field offices have adequate staffing to carry out RSD procedures and to reduce backlogs (UNHCR, 2016). Furthermore, UNHCR RSD staff receive training on interviewing techniques and RSD procedures. However, due to large caseloads, case workers and administration are faced with the harsh reality of large backlogs and overburdened systems. The question remains as to how to apply best practices in UNHCR offices to meet the needs of refugees in a more timely and efficient manner. UNHCR offices now implement expedited RSD procedures, including simplified RSD procedures, to expedite the processing of refugee applications and to reduce the waiting periods between registration and first interviews.

7.2.2 *Methods of Recognition*

7.2.2.1 Individual Recognition

Individual recognition warrants that all applicants have an opportunity to present their claims during an in-person RSD interview with a qualified interviewer who is knowledgeable about the 1951 Convention. Questions asked during the interview include but are not limited to the family background of an applicant, the reasons that led to fleeing the applicant's country of origin, the applicant's military service, and any threats to the applicant's life and well-being in their country of origin. Interviewers also explore the situation of the applicant in the country of asylum. This helps the resettlement unit in assessing the applicant's eligibility and priority for resettlement in later stages of the process, post-receipt of refugee status.

After conducting an RSD interview, the interviewer submits a report to a committee of reviewers that summarizes and assesses the individual case of the applicant with the recommendation to endorse or reject the refugee status claim if the applicant meets the criteria set out in article 1a (2) of the 1951 Convention. Additional interviews to clarify issues and points that were missed or not elaborated on during the first interview may be required (UNHCR, 2020b).

There are advantages to the individual recognition process, such as the opportunity for an asylum seeker to elaborate on their claim. This process allows the eligibility officer more time to better assess the claim of the applicant. However, applicants may face long wait times: some can receive their initial interview appointment 1 or 2 years after application (UNHCR, 2016). The process of individual refugee status recognition is labor-intensive. Due to large-scale displacement impacting many regions of the world, the interview-based individual recognition process of every asylum seeker has proven inefficient and difficult. Alternative methodologies, such as group recognition and simplified and accelerated procedures, are preferred by nation-states and UNHCR to address mass displacement more effectively.

7.2.2.2 Group-Based Recognition (Prima Facie Basis)

Recognizing refugee status on prima facie² basis has been a common practice of both nation-states and UNHCR for over 60 years (UNHCR, 2009). Prima facie is conducted when the asylum system is overwhelmed or when it is not feasible to conduct the individual recognition process.

Group-based determination of refugee status is usually associated with instances of a large-scale influx of asylum seekers from the same country or cluster of countries. While refugee status must normally be determined on an individual basis, situations have also arisen in which entire groups have faced circumstances that indicate that all members of the group can be considered refugees. In such situations, the

²Prima facie means "at first sight" in Latin.

need to provide assistance is extremely urgent, and it may not be possible or practical to carry out individual RSD processes for each member of the group. As a result, a “group determination” of refugee status process is applied, in which each member of the group is regarded as a *prima facie* refugee in the absence of contrary evidence (UNHCR, 2020b). For example, in 2007 when Iraqis from Baghdad and central Iraq fled to Jordan, Syria, and other neighboring countries in large numbers due to sectarian violence, it was hard to evaluate each application and conduct individual interviews. Thus, a decision was made by UNHCR headquarters to consider applicants coming from Baghdad and central areas of Iraq refugees on a *prima facie* basis, when they registered at UNHCR offices (UNHCR, 2020b).

Prima facie, or group recognition, can have significant benefits for both the UNHCR and applicants facing overwhelmed systems. This process is cost-effective as it requires fewer caseworkers and significantly reduces backlogs. As for the applicants, the expedited process saves them from long waiting periods and enables them to benefit from services allocated for refugees, such as cash assistance, among other services (Durieux, 2008).

7.2.2.3 Simplified Procedures

Simplified RSD is a process whereby one or more aspects of regular RSD is simplified to allow for greater case-processing efficiency (UNHCR, 2020b). The development and implementation of simplified RSD procedures are determined by UNHCR offices, in consultation with the designated focal points in UNHCR regional offices and the Department of International Protection (DIP).³

It should be noted that UNHCR offices can only apply the simplified procedures on cases managed by experienced interviewers and decision-makers with an outstanding knowledge of these specific cases (UNHCR, 2018). Furthermore, this method can be applied when a UNHCR office receives a high prevalence of claims over multiple years that report similar grounds for persecution (e.g., specific ethnic background) or similar reasons for leaving a country of origin. For example, a simplified RSD was applied to refugees with certain backgrounds from Iraq, claiming the need for protection after *prima facie* recognition ceased in 2012 due to a decrease of generalized violence. Regardless of the designation of safety for the region, certain populations were still seeking protection in large numbers, reporting the same reasons for leaving their home country. Hence, the UNHCR offices utilized simplified procedures for these profiles, among which were religious minorities such as Christians and Sabeen-Mandean or Sunni Muslims who lived in Shiite Muslim majority areas and vice versa. When applicants did not fit these profiles, however, they were considered under regular RSD procedures. For example, the refugee

³For further guidance see UN High Commissioner for Refugees (UNHCR). (2020c). *Aide-Memoire & Glossary of case processing modalities, terms and concepts applicable to RSD under UNHCR's Mandate (The Glossary)*. Available at <https://www.refworld.org/docid/5a2657e44.html>

application for a Shiite Muslim person fleeing a Shiite Muslim majority area in Iraq, who did not fit the profile designed for simplified RSD procedures, was considered under regular RSD procedures.

Simplified RSD cannot be used for certain cases, including claims that do not have a high degree of homogeneity, that raise credibility and/or exclusion concerns, or that are otherwise considered complex or sensitive, such as gender-based violence and LGBTQI+ claims (UNHCR, 2020b, p. 191).

7.2.2.4 Accelerated Procedures

Accelerated procedures are not simplified procedures; they simply mean that the waiting periods between the registration interview and the regular RSD interview, the time between the RSD interview and the issuance of the committee's decision, or a combination of both, is shortened. Accelerated procedures may be applied to cases that are considered highly vulnerable, such as cases at risk of refoulement,⁴ cases with complex medical profiles, cases with women-headed households, and sometimes cases with large families who are considered low-income. UNHCR field operations develop internal criteria for accelerated procedures that can differ between field offices and are case-specific (UNHCR, 2020b).

7.2.2.5 Merged RSD–Resettlement Procedures

Merged RSD–Resettlement Procedures are a case-processing modality where RSD and resettlement processes are merged, most commonly by only conducting one combined RSD and resettlement interview resulting only in a completed Resettlement Registration Form (RRF), instead of both an RSD Assessment Form and an RRF. In comparison with regular RSD, Merged RSD–Resettlement Procedures reduce the number of personal interviews with an applicant and, therefore, the time spent on processing the applicant's claim.

7.3 Exclusion from Refugee Status

There are several articles in the 1951 Convention disqualifying specific populations from the benefits of refugee status. For example, Article 1D excludes those who benefit from assistance and protection from United Nations (UN) organizations or agencies other than UNHCR (Goddard, 2009). This applies to Palestinian refugees who live in areas where the United Nations Relief and Works Agency for Palestine

⁴Refoulement: the act of forcing a refugee or asylum seeker to return to a country or territory where they are likely to face persecution

Refugees in the Near East (UNRWA) operates (Jordan, Lebanon, Gaza, West Bank, and Syria). Those Palestinians who live outside of UNRWA's five areas of operations can be conditionally considered refugees under the 1951 Convention and benefit from UNHCR-provided protection and services (UNHCR, 2003). In addition, Article 1F of the Convention excludes those who have committed serious crimes against the principles of the UN. This article and others are expanded upon below.

7.3.1 Article 1F of the 1951 Refugee Convention

Article 1F(a) of the 1951 Refugee Convention also excludes from protection those who have committed crimes against humanity. These crimes, such as genocide, are characterized by their deliberate, targeted, heinous nature. Unlike war crimes and crimes against peace, crimes against humanity may be committed in peacetime or in a non-war context (UNHCR, 2009). The article also excludes those who have committed murder, extermination, enslavement, and deportation committed against any civilian population before or during a war. These and other crimes, such as torture, rape, and persecution, committed as part of a widespread or systematic attack against any civilian population on national, political, ethnic, racial, or religious grounds, also constitute crimes against humanity.

Article 1F(b) pertains to the exclusion of persons who have committed serious, non-political crimes outside their country of refuge. Rape, homicide, armed robbery, and arson are all examples of serious crimes that may fall under this category. The determination of seriousness depends on the extent of the harm that a certain crime causes and the type of penalty it is given within a particular legal system. Non-political crimes have personal motives and gains. This article applies only if the serious, non-political crime occurred outside the country of refuge prior to admission to the country of refuge, making them subject to asylum seeker's origin country's criminal law.

Article 1F(c) is applied in extreme circumstances when an individual engages in activity that attacks or threatens global peace and security. Crimes capable of affecting international peace, safety, and peaceful relations between states, as well as serious and sustained violations of human rights, fall under this category.

7.3.2 Cancellation and Cessation of Refugee Status

Cancellation procedures are applied for cases that are granted refugee status by mistake. This may happen when someone is granted refugee status, but later found to be ineligible due to exclusion criteria, such as committing acts covered by Article 1F of the 1941 Refugee Convention.

Cessation of refugee status takes place when refugee status that has been properly and legitimately granted comes to an end, due to changes in the country of

origin or changes in the situation of the asylum seeker, such as re-establishing themselves in the country of origin. See Chap. 3 for a discussion on the different forms of cessation and how they affect forcibly displaced populations.

Case Study 1

Peter⁵ converted to Islam 4 years ago. Converting to Islam is tolerated by Peter's government, as the constitution of his country guarantees religious freedom. However, when Peter's family learned that he converted to Islam, they threatened to kill him. His family resides in a country without a fully functioning government due to a civil war that erupted 5 years ago between the ethnic majority and ethnic minority groups in the country, to which Peter belongs. During the civil war, the ethnic majority's militia committed atrocities. Peter belonged to that militia and worked as a cook for the fighters. After he was threatened by his family, Peter decided to flee his country.

The following are questions that an RSD officer would consider when assessing this asylum case:

- Does Peter have a well-founded fear of being persecuted if he were to return to his country of origin?
- Is the persecution Peter may face based on one of the five grounds mentioned in UNHCR's definition of a refugee?
- Who are the agents of persecution?
- Can Peter be considered a refugee?
- Are there elements of his history that would exclude Peter from obtaining refugee status?

7.3.3 *Role of Social Work in the RSD Process*

RSD interviews are conducted by interviewers from various professional backgrounds. In some places, RSD interviews may even be conducted by military personnel, which can lead to further traumatization of refugees if proper precautions are not taken. While rarely employed, social workers are highly needed in this field. Social work training prepares individuals well to work with persons seeking protection. The RSD process involves assessment, during which those seeking international protection have to tell their story and recount traumatic events related to the reasons that forced them to flee their countries of origin. Social workers have skills and knowledge necessary for conducting trauma-informed assessment; understanding their experiences and empathizing with interviewees; managing often intense emotions; and providing necessary initial support when applicants experience distress. Social workers can provide a welcoming and safe environment and support

⁵Real names have been changed to protect confidentiality.

interviewees when they cannot recall certain traumatic events, which can affect applicants' credibility and lead to a rejection of their asylum application. Social workers can also play an important role in educating their colleagues from other professional backgrounds on trauma-informed interviewing techniques and practices to be used while conducting RSDs.

At the agency level, social workers can advocate for and support organizations and individuals in applying trauma-informed and culturally attuned approaches. For example, the questions that are included in traditional RSD interviews may not take into consideration the effects of trauma on the brain and on memory and how people's trauma can be triggered by the RSD interview itself (Strand, 2019). Instead, RSD assessment processes should account for the following information about traumatic experiences:

1. Traumatic memories are shattered and encoded with sensory details, unlike normal memories that have a beginning, middle, and end.
2. Trauma sometimes gives power to the fight or flight response and turns off the functions of the thinking brain. People with a significant trauma history may appear to always be in emergency mode, remaining prepared for danger (Goelitz, 2013).
3. Preparedness for danger manifests itself in different ways, including chronic hyperarousal and chronic hypoarousal. Thus interviewers should detect the signs of hyperarousal and hypoarousal in applicants (Fisher, 2011).
4. Assumptions should not play a part in the interview and the decision-making process, as people respond to events in different ways.
5. Information and clarification about the process should always be provided during the interview, because information creates transparency and, thus, agency and safety for the interviewee.
6. Traumatic memories are often encoded without time awareness (Goelitz, 2013).

In the following section, some of the necessary considerations for working with asylum seekers during the RSD interviews are outlined. While this information is not new to social workers, it may be helpful to understand for interviewers with different professional training conducting RSD. To engage in a trauma-informed interview, interviewers must always prepare by researching the place refugees are coming from and the types of the experiences that people seeking protection may have (UNHCR, 2020b). The preparation stage should also include understanding of cultural norms that are necessary to engage interviewees appropriately.⁶ Trauma-informed interviews must begin with building rapport with the applicant, by engaging them in a conversation to make them feel comfortable. Interviewees should be asked about their preferred ways to be addressed, including their names and gender pronouns. When signs of trauma and distress are observed, it is important to acknowledge the experience and convey empathy and authenticity. Arrangement of physical space and position of the interviewer also play an important role in creating

⁶See Chap. 12 for more details on culture and trauma.

a safe environment for interviewees. Ideally, those who are conducting interviews should also be carefully selected and trained not to represent positions of power or be associated with perpetrators of violence, such as those in military uniforms, that can further traumatize interviewees.

RSD decision-makers place a lot of emphasis on timelines of events. Research shows that traumatic memories are often encoded without time awareness (Goelitz, 2013); therefore, training of RSD staff should include alternate methods to establish sequence. For example, if a certain applicant was sexually assaulted, they may not remember the exact hour when this incident occurred. As senses and emotions are the dominant aspects that can be recalled from incidents, trauma-informed interviewing considers them as part of the impact of the experience. It is also important to ask open-ended questions about traumatic incidents, allowing applicants to share in a way that makes them comfortable, rather than being interrogative. Interviewers should allow an applicant to speak and only ask clarifying questions when it is clear that an applicant has finished narrating a certain part of their story. Finally, interviewers should always be prepared for situations where applicants feel triggered and respond with proper support. Understanding the signs of hyperarousal and hypoarousal is important for interviewers, as these experiences can impact the interviewee's ability to provide a complete testimony for their protection claim and, as consequence, affect their chances of being recognized as refugees.

The following are signs of hyperarousal and hypoarousal in traumatized people (Fisher, 2011):

Signs of hyperarousal:

1. Emotional overwhelm
2. Panic
3. Impulsivity
4. Hypervigilance
5. Defensiveness
6. Feeling unsafe
7. Anger

Signs of hyporarousal:

1. Numbness
2. Passivity
3. No feelings or energy to think and talk
4. Disconnection, being shut down, or not being present (Fisher, 2011)

Given the knowledge and skills necessary to conduct RSD processes in trauma-informed ways, social workers can play a vital role in this field and position. More social workers should be hired to conduct RSD interviews and to offer recommendations that can improve the experience of asylum seekers. The role of social workers in program management, monitoring, and evaluation of RSD processes can

contribute to increased program capacity, addressing the needs and improving the experience of the asylum seekers with RSD.

7.4 Resettlement Submission Categories

Resettlement cannot be viewed in isolation from other refugee protection interventions and is incorporated into the overall protection strategy for refugees. Identification of resettlement needs must be part of an ongoing, active, collaborative, and systematic effort by all UNHCR staff and partners to ensure that all those who need protection have been identified and responded to. Tools to identify protection needs and vulnerabilities include registration data captured in proGres – UNHCR’S case management software application; participatory assessments to understand the needs and capacities of displaced populations; the Heightened Risk Identification Tool (HRIT) that assesses individuals at a greater risk of protection problems such as sexual and gender-based violence; and referral systems.

Once an individual receives refugee status from UNHCR, their case is referred to the resettlement unit. Proper identification of refugees in need of resettlement is the most crucial and challenging aspect of the resettlement process. Refugee prospects for all durable solutions are assessed, and resettlement may be identified as the most appropriate. Applicants for resettlement must meet the requirements for submission within one or more of the following categories:

1. Legal and/or physical protection needs
2. Survivors of violence and/or torture
3. Medical needs
4. Women and girls at risk
5. Family reunification
6. Children and adolescents at risk
7. Lack of foreseeable alternative durable solutions.⁷

When eligibility under these categories overlaps, the application can be submitted under both a primary and secondary category (UNHCR, 2011).

Once the submission category is identified, the cases for resettlement may be prioritized based on emergency, urgency, and normal processing. Cases that require emergency response include immediate security or medical conditions, requiring removal ideally within 7 days of application. Urgent cases are prioritized to be addressed within 6 weeks, which can include those with serious medical risks or other vulnerabilities. The normal process is applied to the majority of cases without immediate medical, social, or security concerns (UNHCR, 2011). UNHCR expects

⁷For a more detailed description about each category, you can consult the UNHCR Resettlement Handbook. <https://www.unhcr.org/protection/resettlement/46f7c0ee2/unhcr-resettlement-handbook-complete-publication.html>

decisions and departures within 12 months of submission, yet this is often not the case. It is vital to minimize the time between identification of a case for resettlement and submission of a resettlement application, so that normal and urgent cases do not become emergency cases.

7.5 Refugee Resettlement

Refugees who have been prioritized for resettlement will receive permission to be transferred from their first country of refuge to another country that has accepted to welcome them. Refugees who are to be resettled generally find permanent residence in the “third countries”⁸ (e.g., United States, Canada, Germany) that have committed to share the responsibility of providing protection to displaced persons and families (Gil-Bazo, 2015). Resettlement is not a right, and there is no legal obligation for nation-states to accept refugees or stateless people for resettlement (UNHCR, 2011).

Among all resettlement destination countries, only 27 countries accepted refugees in 2018, with 55,700 refugees resettled, a mere fraction of more than 26 million refugees and 84 million displaced (UNHCR, 2021). In 2019, the five countries accepting the largest number of refugees for resettlement were the United States (24,810), Canada (14,651), Germany (9640), Australia (7048), and Sweden (5408) (UNHCR, 2019). Thus, resettlement in third countries as a durable solution is becoming increasingly rare, with only 1% of refugees worldwide enjoying protection on a permanent basis (Devictor, 2019). More high-income countries should join as resettlement destinations, and existing countries should strengthen their refugee resettlement response to address the global need through a substantial increase of their national refugee resettlement annual quotas. Lack of or little response by certain nation-states can be attributed in part to populist anti-immigration policies and movements, which have gained momentum and risen to power in the United States and across Europe (Human Rights Watch, 2018). These restrictive policies and low quotas set by resettlement countries have led to increases in migrant smuggling and human trafficking. Policy barriers and border enforcement results in higher-level use of unsafe passageways by refugees who are desperate to get to safety (Human Rights Watch, 2018).

⁸Third country is a term for a group of nation-states that have committed to accept and resettle refugees permanently.

7.5.1 *Pre-departure*

All refugees seeking to be resettled must first be registered by the UNHCR office in their current (second) country, which identifies families most in need, and proceed to an evaluation of each member of the family, security screening, and background checks required by the potential host (third) country. This vetting process can go on for an undetermined number of years, which can be emotionally and mentally draining. Refugees are one of the most vulnerable populations in the world due the fact that they live in fear, are unarmed, and are seeking safety, yet they are one of the most inspected. In the United States, for example, several offices are involved in the refugee application process, which contributes to long wait times. Each office requires refugees to go through interviews and background checks that will later ascertain their eligibility to be accepted as a refugee. The Bureau of Population, Refugees, and Migration (PRM) within the Department of State, the Office of Refugee Resettlement (ORR) within the Department of Health and Human Services (HHS), and several offices within the Department of Homeland Security (DHS) are involved in the screening process, including US Citizenship and Immigration Services (USCIS). At each step, applicants are required to prove their “well-founded fear of persecution” (American Immigration Council, 2021). Only applicants evaluated and provisionally accepted by the abovementioned offices are eligible to be interviewed for resettlement in the United States. Other countries, such as Germany, do not have these extra vetting processes and accept refugees based on UNHCR resettlement dossiers and admission interviews (UNHCR Germany, 2013).

After completing vetting processes, refugees accepted for resettlement are required to participate in cultural orientation and complete medical examinations. Cultural orientation is meant to prepare them for life in their new country (third country). Additionally, individuals aged 18 and older sign a promissory note to contract an interest-free loan through the International Organization for Migration, to support the cost of their travel, travel documents, and medical examinations (USCCB, 2021). The IOM is an intermediary agency assigned to collect loan payments from refugees starting 5 months after their arrival; once repaid, the loan money is returned to the Department of State of the country that resettled the refugees and is used towards future refugee travel (IOM, 2021). In Canada, refugees also have to sign a loan to be repaid through the IOM starting at 12 months after arrival, and the repayment time depends on the amount owed (OCACI, 2021).

7.5.2 *Post-resettlement Integration*

Literature on the resettlement process in third countries is scarcely represented and often focuses on post-resettlement assistance, such as government services provided to refugees through resettlement agencies (Schneider, 2021). Most refugee resettlement in a third country is implemented by national and international organizations,

as well as sponsors (e.g., resettlement agencies, private donors) located in different regions within each country of resettlement. The breadth and quality of resettlement services differ from one country to another and mostly depend on a country's resettlement policies and current social and economic situation.

In the United States, despite the Refugee Act of 1980 and the Federal Refugee Resettlement Program, which were enacted to provide “effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible after arrival in the United States” (U.S. Department of Health & Human Services, 2021, para. 1), the provisions fall short of meeting refugees' basic needs (discussed more in the following sections).

One concern that has been part of the discourse on resettlement, is whether integration is more successful when refugees are resettled in proximity of their ethnic community or when ethnicity is not taken into consideration in the resettlement process (Marten et al., 2019). On one hand, placing refugees within communities of the same ethnic background provides individuals the support of those who speak the same language and share the same culture, facilitating easier adjustment. Literature suggests that refugees' economic integration can be facilitated by leveraging ethnic networks, sharing information and employment opportunities (Marten et al., 2019). For refugees, social networks within ethnic clusters can aid in coping with stress and anxiety, which may also improve their employment prospects (Hainmueller et al., 2016). However, for some immigrant groups, being resettled in ethnic enclaves may result in negative economic outcomes (Xie & Gough, 2011). This is especially true for communities where “low-skilled” jobs are more prevalent (Foad, 2014).

Social networks have a major influence in refugees' access to vital resources (Hanley et al., 2018). In comparison to other immigrant groups already residing in a host country, refugees tend to have less opportunity to build trustworthy relationships with others and to form a community that will be mutually beneficial to all (Thomas et al., 2016). The social environment refugees face when they arrive in their host country can have an impact on refugees' ability to quickly obtain employment (Kristiansen et al., 2021). Some of the challenges of refugee resettlement and integration in the context of the USA and some best practices in other countries will be described in the following sections.

7.5.3 Refugee Resettlement and Placement in the United States

The United States Refugee Admissions Program (USRAP) has resettled more than 3 million refugees since the enactment of the Refugee Act of 1980, and it is arguably one of the United States' most successful humanitarian programs (Kerwin, 2018). This makes the United States one of the leading countries for refugee resettlement. However, many countries in the Global South continue to host millions of refugees in times of crisis, without holding a status of a third country of resettlement (UNHCR, 2020a). Refugee resettlement has been brought into public discourse more often due to the rise in global emergency situations displacing people and

anti-immigrant movements and policies across the globe. The United States was not spared from anti-immigrant populist movements, with the Trump administration significantly limiting immigration in general and reducing the refugee resettlement cap to its lowest rate since the 1980 Refugee Act took effect (Miroff, 2020).⁹ This reduction in the resettlement program has impacted existing infrastructure: under the Trump administration, agencies were forced to shrink their staff and reduce available services. The effects of Trump-era reductionist policies have created major obstacles to meeting the Biden administration's 2021 refugee resettlement cap, a fivefold increase over the previous year. Lack of appropriate infrastructure, in addition to COVID-19-related limitations on travel, has resulted in the number of people resettled being underwhelmingly low, despite the increase in the admission cap.¹⁰

While much of the discourse on refugee resettlement in the United States has focused on the groups of refugees accepted, the services offered, or the challenges faced by refugees and host communities, little is discussed about the Federal Refugee Resettlement Program processes in the United States or how it impacts refugees. Refugees accepted for resettlement in the United States are eligible for Reception and Placement (R&P) assistance and are generally sponsored by a non-profit resettlement agency (U.S. Department of State, 2021). Resettlement agencies across the United States are contracted by the federal government to support refugees through the resettlement process (Henry et al., 2019). There are nine main resettlement agencies in the United States: Church World Service (CWS), Lutheran Immigration & Refugee Service (LIRS), Domestic & Foreign Missionary Society (DFMS), US Committee for Refugees and Immigrants (USCRI), United States Conference of Catholic Bishops (USCCB), Ethiopian Community Development Council, Inc. (ECDC), International Rescue Committee (IRC), World Relief (WR), and Hebrew Immigrant Aid Society (HIAS). These agencies are responsible for overseeing the successful resettlement of refugees. Placement of resettled refugees in the United States is often decided based on family ties, the best interest of the arriving refugees by the federal government, willingness of local governments to resettle refugees, and existing networks, such as proximity of ethnic communities.

In response to the 2021 Afghanistan emergency situation, created as a result of US military withdrawal and the Taliban government takeover, a new program was established to allow individual sponsorship of Afghan refugees to facilitate their faster resettlement and integration in the United States (Simon, 2021). While new as a focus and an overall strategy in US Resettlement Program, Individual Sponsorship is not a new invention. In the United States, it is used more by faith-based organizations, while in Canada, Private Sponsorship of Refugees is one of the three official resettlement programs (Garcea, 2017). In Canada, non-governmental organizations,

⁹ Refugee resettlement program was capped at 15,000 in 2020 by Trump administration compared to 62,500 for 2021 by Biden Administration (Miroff, 2020).

¹⁰ 11,411 refugees were resettled in the United States in 2021 falling short of 65,500 cap (Constantino, 2021).

individuals who establish relationships with the government regarding commitment to resettle refugees, and community sponsors can serve as private sponsors. Private sponsors have major roles and responsibilities in receiving, orienting, and supporting refugees at all stages of the resettlement process. Just like in a regular process through resettlement agencies and nonprofit groups, private sponsors are responsible for helping refugees with basic services and reception upon arrival at the airport or port of entry; providing temporary accommodations; offering support in finding permanent accommodations; providing financial support in acquiring basic household items; providing a general orientation to life in the host country; offering support in finding employment; and finding other things they need for settlement and integration purposes (Garcea, 2017; Simon, 2021).

In the United States, services and support provided to refugees are limited to 90 days, after which they are expected to be “self-sufficient,” which in the definition provided by ORR (2019) is closely tied with refugees being employed as soon as possible and not dependent on government financial support. While most of the financial support ends after 90 days in the United States, case management and some other services may be offered up to a year (Catholic Charities, 2022). In Canada in comparison, these services can be offered up to 1 year or until the refugees are able to support themselves, whichever occurs first (Garcea, 2017). Refugees with specific needs such as those with disabilities or survivors of trafficking may be provided longer support (Catholic Charities, 2022; Garcea, 2017).

7.6 Role of Social Workers in Refugee Resettlement in the United States

Case Study 2

Munir is a 54-year-old refugee from Syria. In the cold winter of 2017, Munir arrived in the United States with his wife and five children from a refugee camp in Turkey, where he and his family had been staying for 4 years after fleeing from Syria. Prior to fleeing, Munir and his family were attacked, lost all they had, and witnessed the killing of family members. He reported that before he fled to Turkey for safety, he had long been a business owner. He was very happy to have finally left the refugee camp and to enjoy some form of privacy with his family now that they were in the United States. He did not have family members in the United States, but the resettlement agency was able to find a community organization in Westchester, New York, that provided them with shelter through a church. Eight days after their arrival, the agency caseworker, who was not a trained social worker, met with the family to provide a community orientation training that included discussion of the Refugee Travel Loan. Although he had already been told about the expectations of plane ticket repayment for his entire family, Munir was not happy to hear about it again and asked “Where are we expected to get the money

(continued)

from?” The caseworker was responsible for providing information about the loan and the repayment, but it was difficult to answer this question. Additionally, Munir seemed very frustrated that a man of his social and economic status in Syria now needed somebody else’s assistance to find a job. By 2019, he had not started repaying the loan and had been assisted by the caseworker to request that payments be postponed to a later date when he is able to find a job. His family was still relying on public assistance, and Munir was against the idea of allowing his wife to work outside of their home.

Social workers assisting refugees can be involved in various stages of resettlement, providing support during arrival, settling, and integration. Upon arrival in the United States, refugees are usually greeted and welcomed at the airport by a caseworker from a resettlement agency and are taken to their place of residence, where they will be assisted, ideally, by a family member or community members of the same background. The receiving agency is responsible for explaining any documents that they may have received and providing assistance in applying for other benefits and document registration, such as social security, public assistance, and healthcare. A case plan of integration should be discussed, during which employment goals and a plan for repayment of the travel loan will be outlined. Services for refugees upon their arrival in the United States include, but are not limited to, case management, search and application for affordable home, enrollment in school for children, preparation for and support in finding employment, language trainings, oral and written community and cultural orientation classes, and direct cash allowances based on a family’s size, to help cover their first 90-day stay (IRC, 2021). Resettled refugee families can also receive basic furnishings, food, and other immediate assistance through resettlement agencies. Refugees with more complex needs, such as health and mental health needs, will be referred to specialized service providers (Barnes, 2001).

7.6.1 Challenges and Best Practices

One of the challenges that refugees resettled in the United States face is that they only receive government-provided support for the short, 90-day time period. At the end of this period, refugees are expected to be self-sufficient and employed, but it is difficult for most refugee families resettled in the United States to achieve this goal in 3 months. Furthermore, ideas regarding what constitutes self-sufficiency may differ between resettlement agencies and between refugees themselves. The Office of Refugee Resettlement (ORR)’s self-sufficiency definition is closely tied with refugees being employed (ORR, 2019). Clapp (2017) defines self-sufficiency as the state of individuals to satisfy their basic needs (e.g., food, shelter, clothing) from personal means without needing outside help. The refugee experience of being uprooted from one’s home country, potentially displaced, and relocated without any

preparation may place them in a vulnerable position without a viable plan to reach self-sufficiency. They may lack needed language skills for their new country; lack of recognition of refugee's education and professional qualifications may not allow them to be employed in the same positions, pushing them to accept jobs that are below their qualifications or accepting low-paid jobs that do not contribute to self-sufficiency as observed in Munir's case. Resettlement agencies also face the challenge of finding meaningful employment opportunities for refugees in a short time and preparing them for new jobs.

Becoming proficient in the English language in the United States can make the resettlement and integration process easier (Baran et al., 2018). Learning a new language may take time, but supporting refugees financially while they learn has been found effective in their resettlement process. Being asked to find a job and rely solely on their own income after only 90 days in a new country is stressful and may limit the success of their resettlement process. In Munir's case, the resettlement agency caseworker initially accompanied him and his family to doctor appointments and to go grocery shopping and would wait for them at particular train stations to help them navigate the city's transportation system. Coming from an Arabic-speaking country, Munir was overwhelmed by the need to learn English so quickly, especially because it would impact his chances of finding a job. Resettlement agencies do not always have bilingual case workers or interpreters available. Munir's caseworker tried to arrange all appointments based on the availability of an interpreter, but one could not always be present, resulting in many appointments being conducted without proper Arabic-to-English interpretation. A focus on providing language learning support, instead of prioritizing other requirements, such as immediate employment, has been shown to reduce the stress experienced by resettled refugees. In Germany, for example, resettled refugees are welcomed and placed by the German federal government at a reception center (European Resettlement Network, 2019). This reduces the pressure and need to immediately find housing and employment during the initial stage of resettlement. During their time at the reception center, refugees are able to focus on learning the language and adjusting to a new culture and community.

7.7 Considerations for Social Workers

As social workers have a grounding in and orientation towards social justice and the centering of individual experiences within a broader social, cultural, and political context, they are vital throughout the resettlement process at macro, mezzo, and micro levels of practice.

Social workers are at the forefront of refugee resettlement programs even though they are not always mentioned or sought out in the process of service provision. They have a unique role to play in the successful resettlement of refugees in all resettlement countries. Social workers have the skills and training to assess the quality of services available and provided to refugees at the federal level, as well as in

the public and private sectors, and their effectiveness in supporting refugees in their efforts towards self-sufficiency.

It is important to have a foundation of knowledge and deep understanding of the legal and policy frameworks that govern the asylum system, particularly in one's country or region of practice, which impacts refugees and their resettlement. Social workers have the necessary skills to advocate for and contribute to the development of effective national and international refugee policies and programs in their role as social justice and human rights advocates (Harding & Libal, 2012). For instance, as the annual refugee admissions cap in the United States can fluctuate significantly under presidential administrations (e.g., 85,000 in 2016 to 18,000 in 2020 (Migration Policy Institute, 2021)), it is important for social workers to work alongside community members and affected groups to pressure government administrations, from congressional members to community coalitions, to raise the number of admitted refugees. Social workers can advocate for a policy that would set the admission caps relative to a specific percentage of the need of refugees each year instead of relying on the government's executive branch and the shifting ideologies of each new presidential administration.

In the process of resettlement, refugees face overwhelming stress and difficulties in the bureaucracies of integrating into new societies, and they are often asked to share stories of their experience. Social workers can play an important role in employing trauma-informed interviewing techniques to minimize re-traumatization. From finding and scheduling health appointments to securing employment, or even learning how to navigate a new neighborhood and transportation systems, individuals are dealing with many adjustments as they are resettled. Among other adjustment considerations, refugees face comparatively higher rates of mental health concerns than the general population (Fazel et al., 2005; Silove et al., 2017). Despite the high prevalence of mental health concerns, many refugees do not seek or access mental health services to address these challenges (Ellis et al., 2011), and a lack of culturally appropriate or linguistically fitting services is often noted as a major obstacle in doing so (Asgary & Segar, 2011; Brown et al., 2021; Colucci et al., 2015; Drummond et al., 2011; Silove et al., 2017). Mental health concerns are also often seen as less essential compared to primary stressors, such as ensuring adequate housing, food, and stable employment, and are thus less likely to be addressed immediately, if at all (Ellis et al., 2011).

Additionally, across countries of resettlement, the accessibility, availability, and quality of social and psychosocial services can vary. Mental health concerns, when unaddressed, have a far-reaching impact, leading to comorbidity with other mental health illnesses and/or physical health concerns, higher rates of homelessness and imprisonment, poor educational opportunities and outcomes, high rates of unemployment and reduced income, and increased likelihood of poverty (Chan, n.d.; Funk et al., 2012; WHO, 2003). Family members of individuals with mental health issues often act as caregivers, taking on a significant emotional and fiscal burden with little support (WHO, 2003). Thus, unresolved mental health concerns affect individuals as well as their families and wider communities by impacting individual functioning and other aspects of integration. It is vital for social workers to support

refugees in addressing the ways in which migration and resettlement may impact mental health and overall well-being, and it is equally as important for social workers to lead the way in exploring and guiding interventions to improve support provided to refugees.

7.8 Conclusion

Social workers play an important role in the resettlement of refugees that begins with the RSD process, in which social workers can ensure that trauma-informed and culturally relevant assessment methods are applied. Additionally, social workers' clinical training and assessment skills may be necessary when submitting applicants for particular resettlement submission categories. While RSD can be a complicated process, it is important for social workers to be familiar with the experience of refugees before they arrive in their country of resettlement. On a more global level, social workers can challenge the current system where only a small percentage of refugees are resettled in a third country and advocate for more responsibility sharing among countries to provide more displaced people to find permanent homes. It is important for social workers to collaborate with other humanitarian actors, to ensure that this durable solution is feasible, sustainable, and an option for as many displaced persons as possible. Social workers in the field of third country resettlement can provide the basic and specialized services to help refugees adjust to their new homes and communities, as well as work to address the systemic issues in the resettlement systems that can be inefficient and unresponsive to the needs of refugees.

7.9 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. Few refugees are resettled in third countries annually. What new approaches would you suggest to mitigate the challenges that arise in the process of resettling refugees? Informed by this chapter, what current gaps in the resettlement system do you recognize?
2. Considering micro, mezzo, and macro approaches, what roles can and do social workers carry out in the resettlement determination process? What roles can and do social workers carry out in supporting refugees settling in their new homes (hosting refugees)?
3. How can social work values, skills, and knowledge be integrated into the RSD process?

4. What can a trauma-informed approach look like in the process of refugee status determination? How can RSD policies be improved by UNHCR and individual countries resettling refugees?
5. What would “successful” resettlement of refugees and their integration in their new homes and communities look like?
6. What role can communities play in easing the transition of refugees into their new communities?
7. Which policy/procedure inefficiencies can you identify in the resettlement system? What would you recommend to make the process more effective, trauma-informed, and more equitable?
8. What strategies can be implemented on a global or local level in order for more higher-income countries to share in the responsibility of global refugee response?

7.10 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

1. Conduct role-play in class of a Refugee Status Determination office meeting with a newly arrived refugee for an initial assessment interview. You can use Peter’s or Munir’s story for context. In the debrief of the exercise, consider application of social work values, as well as culturally appropriate and trauma-informed interviewing techniques.
2. Alternatively, you can role-play Munir’s case, where a case worker is meeting him for the first time and explaining the support he will get and the expectations of Munir being employed within the 3 months after his arrival.

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Chapter 8

Durable Solutions: Integration and Host Community Challenges



Pinar Zubaroglu-Ioannides

8.1 Introduction

There are three widely recognized durable solutions for the 20.4 million refugees under United Nations High Commissioner for Refugees (UNHCR) mandate (UNHCR, 2020a): they could either return home voluntarily (*voluntary repatriation*), resettle in another country (*resettlement*), or remain in their country of asylum (*integration*). It can take up to 17 years for refugees to return to their home country, even in situations where armed conflict has already ended (UNHCR, 2014). Resettlement is not an easily accessible choice for many refugees due to a number of factors: Only 1% of the 20.4 million refugees are in the process of resettlement; the number of countries accepting refugees is limited; and the number of refugees accepted has been decreasing in countries, like the United States, over the past couple of years (UNHCR, n.d.). When voluntary repatriation is unattainable and resettlement in another country is not accessible, integration in the country of asylum is the alternative, and possibly the only, option.

Local integration (hereafter referred to as integration) can be beneficial for both host countries and refugees, depending mostly on the economic, political, and social conditions of the host country. Local integration allows refugees to have a safe place to stay and a sense of belonging, and if there is an adequate local integration strategy that is well implemented, refugees are able to legally work, pay taxes, and

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contribute to the economy of their host country (UNHCR, 2011). Studies show that refugees fill the skills gap in the host-country economies, and when appropriate conditions are provided, refugees contribute to the economy more than what countries spend on them. An analysis of 30 years of data from 15 European countries (including Germany, Belgium, France, Norway, and Spain) showed that migrants and refugees helped in decreasing the unemployment rates and increased the overall strength and sustainability of the host countries' economy (Maxmen, 2018). A Department of Health and Human Services (DHHS) (2017) study found that refugees contributed approximately \$269.1 billion in revenues to all levels of the US government between 2005 and 2014, \$63 billion more than what their support cost to the government.

According to UNHCR (2005, 2011), such successful integration strategies consist of three core dimensions: first, the legal dimension, referring to granting refugees a stable legal status and a wider range of rights and entitlements more consistent with those enjoyed by citizens, and eventually a pathway to naturalization; second, the economic dimension, referring to providing opportunities for refugees to become self-sufficient and contribute to the economy, including recognizing their freedom of movement and the right to engage in employment; and third, the social and cultural dimension, referring to host countries creating conditions for refugees to easily adapt into the new sociocultural environment, and refugees making an effort to adapt to and respect the new sociocultural environment.

In order for local integration to be a long-lasting solution, host countries need to have the capacity to address these dimensions. UNHCR (2005) provides standards for an ideal integration strategy, which give guidance to host countries on preparing to welcome refugees and meet the needs of a diverse population. By the end of 2020, 73% of refugees were hosted in neighboring countries. Turkey, Colombia, Pakistan, and Uganda were the top refugee-hosting countries as of 2022 (UNHCR, 2020a). In cases of protracted conflict and displacement, like the current situation in Syria, host countries need to consider locally integrating refugees. Given the socio-economic conditions of many host countries, a wide range of support is needed to provide an adequate and beneficial local integration system for both refugees and host countries. This chapter will describe the challenges of integration, as well as the best practices, focusing on the current context in Turkey. Hosting the highest number of refugees while experiencing its own developmental issues, Turkey and its multicultural and complex environment provide a good example of the opportunities and challenges that hosting refugees can present and ways in which these challenges can be addressed. With regard to social work, the field and profession in Turkey are continuously evolving and have only recently begun to shift from a focus on general practice to more specific population group practice, such as practice with displaced persons.

8.2 Turkey

A good social worker evaluates the potential micro, mezzo, and macro conditions for refugees in a country to provide the most useful services for their clients experiencing displacement. In any given country context, a social worker assessing these conditions needs to account for country-specific (local) issues, like existing ethnic conflicts, as well as issues impacting local communities, such as poverty or public health crisis, that may impact the time, resources, and attention given to the refugees. Table 8.1 provides an example of the micro, mezzo, and macro conditions and the country-specific and general issues that impact refugees in Turkey.

8.2.1 *Migration in Turkey*

Turkey has a long history of emigration and immigration due to its geographical location, providing pathways into Europe through countries in Asia and Africa. Refugees coming from various countries, including Afghanistan, Iraq, Iran, and Somalia, pass through or remain in Turkey until they are resettled in a third country. Turkey's geographical proximity to the Syrian conflict resulted in a large influx of Syrian refugees in the country. Currently, of the 4 million refugees in the country, 3.6 million are Syrian and about 400,000 refugees and asylum seekers are from other countries (UNHCR, 2019a).

8.2.2 *Local Integration Process in Turkey*

There are three main legal documents that shape the local integration process in Turkey: the 1951 Geneva Convention Relating to the Status of Refugees, its 1967 Protocol, and the 2013 Law of Foreigners and International Protection (LFIP). Turkey ratified the Convention and the Protocol in 1962 and 1968, respectively, with a geographical limitation. Turkey provides full refugee status with all of the rights and entitlements provided in the Convention and its Protocol to applicants who are citizens of a European country. Non-European applicants, on the other hand, do not receive refugee status in Turkey; they may temporarily remain in the country followed by either repatriation or resettlement in a third country. As a result of this geographic limitation and the low number of refugees arriving from European countries, Turkey did not have a need to consider local integration of refugees until the war in Syria (IGAM, 2016).

Since the Syrian refugee crisis began in April 2011, the Turkish government gradually took steps to address the massive inflow of refugees into Turkey. In April

Table 8.1 Turkey demographics

<i>Society</i>	
Population	82,017,514
Ethnic groups	Turkish 70–75%, Kurdish 19%, other minorities 7–12%
Religious composition	Muslim 99.8% (20% Alevi, 80% Sunni), Christians and Jews 0.2%
Hosted refugee population	4 million (4.4%): 3.6 million Syrian and 400,000 other nationalities
<i>Economy</i>	
GDP per capita	US \$9370
Poverty rate	21.9% (2015 est.)
Unemployment rate	10.9% (2017 est.)
<i>Health Care</i>	
Life expectancy at birth	78.1 years (in 2019)
Doctor-patient ratio	1.9 doctors per 1000 population
Under five mortality rate	10.6 per 1000 births
Number of social workers	3855 (in 2008)
<i>Education</i>	
Mean years of schooling	7.7
Number of students per teacher at primary school	18
<i>Security/existing internal and external conflict</i>	Home- and foreign-based terrorist groups; internally displaced populations due to domestic terrorism and development projects
<i>International agreements</i>	
1951 UN Convention Relating to the Status of Refugees	Turkey ratified Convention in 1962
1967 UN Protocol Relating to the Status of Refugees	Turkey ratified Protocol in 1968
<i>Rights of refugees</i>	
Freedom of movement: right and financial support to move	Extremely limited: asylum seekers and temporary protection status beneficiaries need to remain in the province where they are registered to receive benefits. Most of the time, people in need of health care who receive special permission to travel are able to move to a city other than where they registered to seek services
Non-refoulement	Protected with a few exceptions: if one is considered to be a threat to public order or public health; if one is a leader, member, or support of a terrorist organization or a benefit-oriented criminal group; or if one is affiliated with terrorist organizations defined by international institutions and organizations ^a

(continued)

Table 8.1 (continued)

Access to the labor market	Work permit received after 6 months of registration, but agriculture and livestock workers may have an exemption
Access to education	Full access provided
Access to medical and mental health care	Access provided with full access to General Health Insurance
Access to housing	Housing is not provided. There are five temporary accommodation centers still operating in the country

Central Intelligence Agency (2021), Isikhan (2008), UNHCR (2019a), UNICEF (n.d.) and World Bank (2020a, b)

*See the following article for more information: <https://www.asylumineurope.org/reports/country/turkey/removal-and-refoulement>

2013, the LFIP, the country's primary national asylum legislation, went into effect.¹ The LFIP established the Directorate General of Migration Management (DGMM), aimed to centralize the coordination and processing of refugee arrivals on the country level, overtaking UNHCR's responsibilities in this field (IGAM, 2016). The LFIP categorized the refugee arrivals in Turkey into two groups: individual arrivals, including European and non-European arrivals, and *mass influx* arrivals, currently comprised of primarily Syrian refugees. Some other countries impacted by large-scale arrival of refugees have responded similarly, as described in the examples in Chap. 2 on the history or global refugee response systems.

The law did not change the geographic limitation for non-European arrivals, but it created a temporary protection status (TPS) for those in the *mass influx* category. This status offers several provisions and protections compared to other statuses held by non-European asylum seekers in Turkey. At present, TPS holders, primarily Syrians, have access to education, basic health care, employment, cash support, and interpreters. Nevertheless, both temporary protection status holders and other non-European asylum seekers in Turkey experience challenges because of the legal limitations of each status, as well as the general standards of life in Turkey. The rest of this chapter focuses on these challenges while examining the dimensions of local integration and various areas of life in Turkey and considering the role of social workers.

8.2.2.1 Legal Dimension of Local Integration

The first dimension of local integration pertains to the legal status of refugees and their children born in the country. In order for local integration to be possible, the host government is responsible for granting a stable legal status to refugees and outlining a gradually expansive range of rights and entitlements enjoyed by citizens

¹For original document of the law, visit <https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6458.pdf>. For unofficial translation of the law – https://www.unhcr.org/tr/wp-content/uploads/sites/14/2017/04/LoFIP_ENG_DGMM_revised-2017.pdf

that could, over time, lead to their naturalization. Providing such rights, including access to health care, education, and work, and appropriate conditions for the exercise of these rights is costly. Governments need to have the financial capacity, as well as an adequate social environment, to create the appropriate conditions. For middle- and low-income countries, financial capacity is generally dependent on access to international funds or aid, facilitated by the country's political standing. In addition, fostering adequate social environment facilitating local integration may be particularly challenging for countries that are not able to fully protect human rights of its own citizens. Turkey is an example of one such country that has faced difficulties in gaining international financial support and domestic social support for the local integration process.

When Syrian refugees started to arrive in Turkey in April 2011, the Turkish government expected them to stay for only a short period of time. For this reason, the government built 26 “temporary” accommodation centers in ten cities specifically for Syrians. As it became clear that peace in Syria would be hard to attain in the short term, the Turkish government took steps to locally integrate Syrian refugees. Initially, they were given “temporary protection status” and placed in temporary accommodation centers, and then the government supported refugees in moving out of the accommodation centers and integrating with the broader society.

In light of the 2004 decision of the UN Executive Committee² on mass refugee influxes and responsibility sharing in humanitarian protection, the TPS granted for Syrian refugees in Turkey fulfilled the following three elements of temporary protection: (1) accepted refugees with an open border policy, (2) agreed to comply with the principle of non-refoulement, and (3) agreed to meet the basic and emergency needs of the arriving individuals. Furthermore, Turkey granted citizenship to eligible TPS holders, either through an exceptional circumstance procedure or through marriage to a Turkish citizen (Asylum Information Database, 2020). While eligibility requirements for the former procedure have not been clearly explained, exceptional circumstance generally refers to cases in which a person could potentially contribute their unique skills or capital flow to the Turkish economy. Another group that is granted citizenship is unaccompanied minors who are determined to have no relatives in Turkey and accommodated in child protection centers. By the end of 2019, 110,000 Syrian refugees were granted Turkish citizenship, 57,000³ of whom were children (Multeciler Dernegi, 2020). Yet, children who are born in Turkey to parents who hold temporary protection are not granted citizenship⁴ and are therefore stateless. As of February 2020, there were 450,000 newborn and stateless Syrian children in Turkey (Multeciler Dernegi, 2020).

² Conclusion on International Cooperation and Burden and Responsibility Sharing in Mass Influx Situations No. 100 (LV) – 2004. (2004). <https://www.unhcr.org/excom/exconc/41751fd82/conclusion-international-cooperation-burden-responsibility-sharing-mass.html>

³ This number may include unaccompanied minors, as well as the children with their families

⁴ Turkey does not grant birthright citizenship. See Chap. 15 on displacement and statelessness

Granting citizenship to TPS holders and their families is socially and politically challenging in Turkey. As the unprecedented number of Syrians entering into Turkey began to increase, Turkish society initially welcomed refugees from the neighboring country sharing similar culture and beliefs. In 2016, a poll of Turkish residents revealed that 72% had no negative feelings toward refugees in the country. In 2019, however, this number decreased to 40% (Sazak, 2019). Economic slowdown in 2018, increased unemployment, and a subsequent increase in the poverty rate greatly impacted public opinion on continuing to receive and host refugees (Kasapan, 2019; *Hurriyet Daily News*, 2019). In 2019, the Justice and Development Party (AKP), the ruling power at present, lost three of Turkey's largest cities (Istanbul, Ankara, and Izmir) in municipal elections, during which the plight of Syrian refugees became a point of contention between the ruling and opposition parties (Kasapan, 2019).

Turkey has been financing the majority of the local integration activities while also appealing for international aid. In 2016, Turkey signed an agreement with the European Union (EU), in which the EU agreed to allocate €6 billion for refugee-related projects in Turkey, lift visa requirements for Turkish citizens by the end of June 2016, and revitalize Turkey's accession process to the EU. Turkey, in return, agreed to receive all inadmissible refugee returns from the Greek islands and set all necessary measures to end irregular border crossings from Turkey to the EU zone. Over time, the Turkish government announced that the EU was not fulfilling its obligations as agreed upon in the deal and criticized the EU for delaying the delivery of financial aid installments (Uras, 2020).

The lack of financial capacity and political support for local integration of Syrian refugees in Turkey led to pushing refugees out of the country and plans to create "safe zones" in Syria for voluntary refugee returns. In 2019, the Turkish President called upon international stakeholders and proposed a safe-zone plan that included developing 140 villages and 10 district centers in Syria, among Kurdish communities from Turkey and Syria, housing 5000 and 30,000 inhabitants, respectively, at a cost of \$27 billion. Yet, no funding has been received for this plan. This is in part because the EU has stated that their allocation of funds for responding to the Syrian crisis is aimed primarily at political solutions for the war (Karasapan, 2019).

In February 2020, when Turkish troops were attacked and killed in Syria in the ongoing war, the Turkish government retaliated by opening its borders with Europe for refugees. Greece, on the other hand, did not open its borders to welcome the refugees. As a result, refugees who went to the border with hopes to reach Europe faced confrontation, in which at least one Syrian was shot and thousands were deported immediately after reaching Greek soil (Kingsley & Shoumali, 2020). This event highlighted that refugees live in unstable conditions, and it raised concerns about the use of refugees as a political tool by different national and international bodies, renewing calls for providing them with legal rights to stabilize their lives in their host countries.

8.2.2.2 Economic Dimension of Local Integration

UNHCR (2005) describes the economic dimension of local integration as the process in which governments enable individuals, households, and communities to progressively become self-sufficient and contribute to the local economy. In particular, UNHCR (2005) suggests that host governments do the following: (1) protect basic economic, social, and civil rights, including freedom of movement and the right to engage in income-generating activities; (2) acknowledge equivalency of professional, vocational, and academic diplomas, as well as degrees and certificates obtained by the time refugees enter into the host country; (3) facilitate refugees' participation in economic life by providing education and skill development activities and eliminate laws and practices that prevent refugees from being employed; and (4) provide opportunities for self-reliance and enhance food security by facilitating refugees' access to agricultural lands in rural areas.

Given these responsibilities, host countries may experience challenges not only in financing the local integration process but also in guaranteeing sufficient economic stability in all regions of the country to protect refugees' right to freedom of movement and right to engage in income-generating activities. High unemployment rates, poverty rates, low education levels, and existing systematic discrimination in the labor force based on gender, race, ethnicity, and religion may make it even harder for host countries to facilitate refugees' participation in economic life.

In Turkey, some provinces and regions are more industrialized than others and thus have more capacity to engage refugees in economic opportunities and activities. More economic opportunities, a *pull factor* in migration discourse, attract migrants, while a lack of economic opportunities, or *push factor*, drives people away (Cox & Pawar, 2013; Lee, 1966). For the purpose of finding employment and achieving self-sufficiency, refugees need the ability to move to areas in which there are more opportunities. To better manage the migration flow, currently, refugees in Turkey are not allowed to move from the provinces in which they are registered, unless they receive legal permission from their Provincial Directorate of Migration Management (PDMM). Despite this policy, some provinces in Turkey host a vast number of refugees that exceed their economic capacity. Istanbul, for example, hosts 504,094 refugees, which is 3.2% of the city population. Conversely, Kilis, one of the least populous provinces in Turkey located in a region with the highest unemployment rate, hosts 109,449 refugees, which is 76% of the population in the province (Multeciler Dernegi, 2020; TUIK, 2020). The existing policy may help manage the population and local economies, as well as coordinate services for local integration, at the provincial and regional level. However, restrictions on refugees' freedom of movement can also lead to social resentment due to the competition for already insufficient services and job opportunities in less industrialized areas in Turkey with already high unemployment and poverty rates (Sahin Mencutek & Nashwan, 2020).

In 2016, the Regulation on Work Permit for Foreigners under Temporary Protection set restrictions for the employment of TPS holders. The restrictions under the law include the following: (1) a foreigner must obtain a work permit through an employer or independently in the case of self-employment (Article 4);

(2) a foreigner may obtain a work permit 6 months after temporary protection registration (Article 5); (3) seasonal agricultural and livestock jobs could be exempt from work permit, but the Ministry of Labor and Social Security may limit the number and provinces for such jobs (Article 5); (4) the number of foreign employees within an organization or company may not exceed 10% of the number of Turkish employees (Article 8); and (5) a foreigner may not obtain a work permit for any profession (TPS holders are not allowed to hold some jobs) (Mevzuat Bilgi Sistemi, 2016; Ministry of Family, Labor and Social Services, 2020).

Due to these restrictions, only 31,185 Syrians with TPS had work permits by the end of March 2019. This number is about 1.5% of 2.1 million refugees of employment age (Demirguc-Kunt et al., 2019; Kirisci & Kolasin, 2019). In part due to these restrictions, Syrian refugees with no work permit often seek employment in the informal sector. According to a report by the International Labor Organization (ILO), data from a 2017 TURKSTAT Household Labor Force Survey show that an estimated 97% of the Syrian workforce in Turkey is informally employed. In addition, a notable number of Syrians with university degrees are either unemployed or underemployed (Demirguc-Kunt et al., 2019).

On average, 75% of Syrian refugees work more than the legally permitted working hours, 45 h per week, and get paid less than the legal minimum wage (International Labour Organization [ILO], 2020). The working conditions are far worse for female refugees (AIDA, 2020; ILO, 2020). Due to the traditional gender roles in some regions of Turkey, women have less access to public space. A lack of information and training opportunities, as well as a lack of childcare, are among the other obstacles that Syrian refugee women face in Turkey (AIDA, 2020).

The ILO report estimates that had all the jobs held by 660,000 employed Syrians formalized, their tax contribution into the Turkish Social Security would have equaled ₺7 billion per year (ILO, 2020). Needless to say, this number would be even higher if the conditions for all unemployed and underemployed professionally skilled Syrian refugees were improved.

Along with freedom of movement and right to engage in economic activities, there are other economic, social, and civil rights that are vital for the economic local integration of Syrian refugees. These rights include the right to adequate standard of living, including adequate clothing, food, and housing; the right to health care; and the right to education, which will all be further explored in this chapter.

8.3 Right to Adequate Standard of Living

The right to adequate standard of living refers to ensuring everyone in a society has access to adequate clothing, food, housing, and care in necessary conditions. From a distributive social justice perspective (Gilbert & Terrel, 2013), in order to provide adequate standard of living for refugees, countries need to allocate adequate services and sufficient resources for refugees to equally access adequate standard of living as citizens. Yet, when we observe what happens to refugees in real life,

refugees either do not have adequate services or do not receive equal resources in comparison to citizens and, therefore, do not achieve the same equal standards of living. In Turkey, for example, resources that would contribute to achieving an equal standard of living for refugees are not distributed sufficiently. In fact, since some development challenges, like poverty and wealth discrepancy among different groups, are preexisting in the country, not only are equality or equity not achieved, but further disparity between and within the most marginalized in society and refugees is created. Equipped with the distributive social justice perspective in their education, social workers are the essential professionals in advocating for and allocating services for refugees to provide adequate standard of living.

In October 2012, the Turkish government, together with Turkish Red Crescent (TRC) and international stakeholders, began establishing various programs to provide an adequate standard of living for refugees (TRC, 2018). Among those, the In Camp Food Assistance Programme has been providing money every month to individuals and families to spend at contracted markets inside the camps⁵ (TRC, 2020a). In addition, the Emergency Social Safety Programme (ESSN), the largest cash-based assistance program in the world in terms of number of beneficiaries, regularity, and long-term assistance planning, was established in November 2016 (TRC, 2020a). The program aims to meet basic shelter, food, and clothing needs of vulnerable temporary protection beneficiaries with a ₺120⁶ monthly installment per person in a household (TRC, 2020a, b).

After realizing that language barriers posed the biggest challenge to foreigners' accessing employment and social cohesion, the Turkish Ministry of Education and the UN Development Programme started to implement an Adult Language Training Programme in March 2019 (TRC, 2020a).

In 2019, TRC and its partners implemented multiple vocational training programs for refugees. Among these programs were The Kitchen of Hope, for cooking and culinary skills training; Vocational Course Allowance, for training in various fields such as judicial assistance, mushroom cultivation, and greenhouse vegetable cultivation; and Vocational Course Incentive and the Vocational Training Incentive, for basic agriculture and livestock training, wood skeleton mounting, cook apprenticeship training, seedling-sapling breeding, greenhouse gardening, and handmade bag making (TRC, 2019, 2020a).

TRC runs the aforementioned social support projects through a smart card platform called Kizilay Kart. At the beginning, the card could only be used in certain contracted markets. However, Kizilay Kart now can be used to withdraw cash and make purchases, similar to a debit card. As of May 2018, among the 1.3 million users of the Kizilay Kart, 61% are children younger than 17 years, 51% are women or girls, and 6% are families with members who have a disability (TRC, 2018). The

⁵In December 2013, there were 17 camps in Turkey built for refugees, and this number was down to 7 in February, 2020 (UNHCR, 2013, 2020c)

⁶This amount was approximately US \$39 in 2016, equals to US\$29 today (<https://www.inflation-tool.com/turkish-lira/2016-to-present-value>)

beneficiaries of Kizilay Kart consist of 65 different nationalities, a majority of whom (91%) are Syrians.

Though remarkable, these social support and vocational skills development projects are not sufficient. The latest Regional Refugee and Resilience Plan (3RP) report on Turkey showed about two times higher Minimum Expenditure Basket for refugees than the amount provided per person as part of the ESSN program (UNHCR, 2019b). According to the report, when there are high levels of inflation, as there are at the time of writing this chapter, refugees are increasingly forced to develop coping mechanisms to meet their basic needs. Decreasing health expenditures, withdrawing children from school, sending children to work, and household borrowing are among those coping mechanisms.

Additionally, the aforementioned vocational skills development projects are limited only to certain professions and provinces in Turkey, which makes them less accessible to refugees. Next, the skills one may develop, like seedling-sapling or mushroom cultivation, may not necessarily lead to sufficient or regular income. Implementing a needs assessment study in the labor market and then developing skill development programs and resources based on the needs of the market could be very useful in ensuring projects are relevant and supportive. Nevertheless, due to inequality in the society, providing services, even if inadequate, for people who are not citizens of the country while there are citizens in need leads to negative views and attitudes toward refugees, particularly toward those with a Syrian background as they outnumber other refugee populations in Turkey.

In order for the services to create adequate standards of living that everyone can enjoy, the Turkish government needs to provide adequate services for everyone and improve the variety and accessibility of the existing services, which would further ease the economic integration of refugees. The Turkish government may need practical knowledge of what works in integration and additional financial support to provide such services. In this regard, international cooperation is crucial to eliminate discrepancies between and within the host country citizens and refugee populations and to avoid further conflicts in the regions of refuge for forcibly displaced people.

8.4 Right to Health Care

One cannot fully engage in economic activities without good and stable physical and psychological health. Given the reasons that refugees flee their home countries and the living conditions they encounter upon arrival in a new place, refugees' physical and psychological health are particularly at risk. While host countries should pay special attention to refugees' health, providing quality, accessible, and culturally competent health care can be a significant challenge.

Research regarding refugees' access to health care has highlighted a variety of challenges that impact refugee health and right to health care. These include health care providers' limited knowledge in areas like health systems, legal processes,

sociopolitical issues of refugees, and properly working with interpreters; cultural and linguistic barriers; inefficient health care systems; transportation and distance from the health care facility; and the difficulty of navigating through the health care system (Brandenberger et al., 2019; Edward & Hines-Martin, 2015; Kavukcu & Altintas, 2019; Mirza et al., 2014; Zubaroglu-Ioannides, 2019).

In Turkey, Syrians under TPS must register with the PDMM to receive health services. Once registered with PDMM, as beneficiaries of the Turkish General Health Insurance (GHI) system, Syrian refugees may benefit from primary health care services provided in Family Health Centers (health care institutions primarily used by Turkish citizens) and Migrant Health and Voluntary Health Centers. Ambulatory diagnosis and treatment; immunization services; infant, child, and adolescent health services; and reproductive health services are the primary health care services that refugees can receive (DGMM, 2019).

Secondary and tertiary health facilities provide regular and advanced ambulatory diagnosis and treatment services, emergency services, inpatient treatment services, psychiatric services, surgical operations, and oral and dental health services. In order to benefit from these services, refugees need to make an appointment before going to the hospitals by calling 182; however, they are not provided interpreter services to schedule these appointments (GMM, 2019).

Following a legal amendment made on December 25, 2019, all registered TPS holders need to pay a charge for all health care services unless they are considered to be vulnerable, that is, they have emergency or are categorically identified as “vulnerable” (AIDA, 2020). Just like other residents, TPS beneficiaries pay an insurance premium commensurate to their income to benefit from the GHI. Migrants without the TPS pay the full amount. However, the TPS beneficiaries may access health care services only in the province where they are registered.

For mental health services, refugees may go to state hospitals or nongovernmental organizations. There are no language support services provided in state hospitals, so refugees often rely on nongovernmental organizations for mental health care.

Providing TPS holders access to the GHI system is a remarkable achievement both for refugees and Turkey. To increase access to health care, the Turkish government, with the support of the European Union, established several Migrant Health Centers across the country and employed more physical and mental health care staff and interpreters. By the end of March 2020, 708 doctors, 966 nurses/midwives, 11 psychologists, 11 social workers, 13 technicians, 1144 Turkish and Arabic speaking guides, and 407 support personnel, including employees with Syrian nationality, were hired to operate in Migrant Health Centers, mobile health care units, and secondary health care facilities (SIHHAT Project, 2021).

Despite these accomplishments, there are some gaps in the health care system in Turkey. First, several studies have highlighted the language needs for Syrian refugees in Turkey as a barrier to accessing health care services (Bilecen & Yurtseven, 2018; Kavukcu & Altintas, 2019; Kayi, 2020; Terzioglu, 2019). A 2019 report also found that there are not enough Arabic interpreters in the health care industry in Turkey to meet the needs of refugees (AIDA, 2019). Scheduling appointments on the phone without interpretation services available is reported to be one of the major

obstacles for refugees who would like to make an appointment in a hospital (AIDA, 2019). Though some health care personnel do speak Arabic, the differences between their learned Arabic and the Syrian Arabic dialect can still create communication barriers. These dialect differences could particularly impact the delivery of mental health services, as conversation about feelings and emotions is both integral to this work and very subjective. In order to understand the difference between physical and psychosomatic symptoms, one needs to understand the expressions of feelings and emotions in a particular culture or community (Yalim & Kim, 2018).

The quality of health care in Turkey is also important to address. Table 8.1 provides some statistics that may be indicative of the quality of the health care system in Turkey.

In 2017, Turkey, with only 1.9 doctors per 1000 people, was among five Organization for Economic Co-operation and Development (OECD) countries that had the least number of doctors per 1000 (OECD, 2019a, b, c). The statistics provided by Turkey included not only doctors providing direct care to patients but also those working as researchers, managers, and educators. Thus, the number of doctors providing direct care in Turkey may in fact be lower than as reported by OECD. These statistics explain the overcrowded hospitals and the long wait time to see a physician in Turkey. As the population in Turkey continues to rise given the increase in refugee arrivals, it is becoming even more challenging for the Turkish health care system to provide adequate health care for all.

Other challenges in protecting refugees' right to health care include a lack of mental health screenings (Zubaroglu-Ioannides, unpublished work); a lack of vaccinations; refugees' lack of knowledge on their rights and the health care system in Turkey, especially regarding completing documentation and payment for services; fear of deportation; lack of previous medical documents and reports (Terzioglu, 2019); and a lack of affordable services given the new legal amendment on the cost of health services (AIDA, 2020). These challenges could be addressed by requiring mental health screenings, increasing the number of vaccinations, providing awareness campaigns in partnership with refugee community leaders about refugees' rights to health care, hiring health care professionals or translators from the refugee populations, and decreasing the cost of health care to increase access. Social workers are essential in the health care field as they are able to advocate for quality, accessible, and culturally competent physical and mental health care for refugees and can offer services in direct practice and at the community level. More social workers should be hired in Turkey to work in health care in the migration field.

8.5 Right to Education

As education is key for refugees' economic and social integration, the right to education is imperative. Education enables individuals to improve their abilities, acquire new skills, and enhance their living conditions. Particularly for a refugee, receiving education in the host country could facilitate learning the language and culture of

the host country, finding a job, contributing to the economy, and integrating in the society. For this reason, countries need to provide equal access to education services for refugees. In Turkey, basic education from primary to the end of high school is compulsory and free of charge for all children, regardless of their nationality. Basic education consists of 1 year of pre-school, 4 years of primary school, 4 years of secondary school, and 4 years of high school.

Under the Ministry of Education's mandate, students receive textbooks free of charge from their schools for all levels of basic education. Syrian refugees, both living in and outside of refugee camps, registered with PDMM benefit from the right to education, just as their Turkish peers do. When a refugee with Syrian nationality does not register with PDMM and therefore does not have a temporary protection ID, their children are considered "guest students" at the school. A guest student may not receive a diploma at the end of the academic year.

If Syrians with TPS have obtained a diploma or degree prior to migrating to Turkey, they may apply to the Equivalence Commission of the Directorate of National Education in their province to receive a certificate of equivalence for their diploma. If they do not have a diploma or document to prove that they previously obtained a degree or had reached a certain grade of school, the TPS beneficiary can take a grade identification exam. The result of the exam is used to place the TPS beneficiary in a grade level.

There are several initiatives in Turkey that work to increase refugees' access to education. In 2014, Temporary Education Centers (TECs) were introduced by the Turkish Ministry of National Education. TECs, run by Syrian charities, provided access to education to Syrian children living in refugee camps. Children living outside of the camps also have the option of going to the TECs (AIDA, 2020). Since September 2016, the Turkish Ministry of Education has been gradually shutting down TECs and shifting schooling and education services to the newly built Turkish schools (AIDA, 2020).

Beginning in May 2017, UNICEF, Turkish Red Crescent, the Turkish Ministry of National Education, and the Turkish Ministry of Family, Labor and Social Services has implemented the Conditional Cash Transfer Education Programme (TRC, 2019). This Accelerated Learning Programme aims to improve access to education for refugee children who are between 10 and 18 years old and who, for more than three consecutive years, have not attended formal education facilities (TRC, 2020b). The program provides cash assistance of €6 to €9⁷ per month, based on the gender and school level of participants, to ensure school attendance. Participants are paid on a bimonthly basis, and they are excluded from the program if absent from school for more than 4 days in a month. As of 2020, some 624,553 children (50% girls and 50% boys) have received at least one payment from this program (TRC, 2020b).

Higher education for Syrian students is supported by multiple institutions. The Presidency for Turks Abroad and Related Communities covered the tuition fees of Syrian students in state universities for the 2017–2019 academic years. UNHCR

⁷US \$7.26 and US \$10.89 based on average exchange rate in 2021 ([exchangerates.org.uk](https://www.exchangerates.org.uk))

and SPARK are other institutions helping Syrian refugees who pursue higher education. Nevertheless, providing financial support or expanded legal access has not guaranteed refugees' actual access to education. Child marriage, child labor, and poverty are still barriers for refugees' access to higher education in Turkey (AIDA, 2020; UNHCR, 2019b). Several sources also mention language barriers being a challenge for Syrian refugees (AIDA, 2020; Altintas, 2018; Ergen & Sahin, 2019; Taskin & Erdemli, 2018). A school administrator (personal communication, 2020) in Turkey noted that Syrian students at their school, about 50% of the student body, experience barriers in communicating with their peers and understanding their classes. In particular, the school administrator mentioned that because the alphabet and direction of text in Turkish are different than in Arabic, typing in Turkish has been a challenge for his Syrian students. A teacher at the same school (personal communication, 2020) noted that Syrian children experience difficulties in social sciences, as they do not speak the language, but they excel in math. She also talked about the impact of language barriers on students and their ability to learn:

I understand the students, as well. Imagine yourself being in a classroom where your teacher speaks a language that you don't understand. You can stand that 40 minutes, maximum, but after 40 minutes, you would start acting out because nothing makes sense. (Personal communication translated from Turkish to English, 2020)

In accordance with the literature (Sirin & Rogers-Sirin, 2015; Ergen & Sahin, 2019), this teacher, who has more than a decade of experience teaching, highlighted the behavioral problems among Syrian students. She stated that some Syrian children show aggressive behavior to their peers, regardless of nationality, and engage in risky behaviors, like sliding down stair railings from the third to the ground floor at school. Engaging in aggressive and risky behavior may be a result of the trauma that children experienced in the war (Sirin & Rogers-Sirin, 2015). Sirin and Rogers-Sirin (2015) suggest that trauma and unaddressed mental health problems impact the educational attainment and, further in life, employability of refugees. To avoid the cost of unaddressed mental health and its outcomes, schools need onsite support services, as well as educators who understand refugee experiences and trauma and who can differentiate mental health consequences of trauma from learning disabilities (Sirin & Rogers-Sirin, 2015). Social workers can play an essential role in such onsite support services through training educators on trauma and providing trauma-informed services to support refugees at school.

Other challenges that affect Syrian refugees' access to education include cultural differences, such as the impact of traditional gender roles on student-teacher relationships; teachers' inability to engage with students due to the language barrier; bullying (Taskin & Erdemli, 2018); and a lack of linguistic support for teachers (Celik & Icdyugu, 2019).

8.6 Social and Cultural Dimension of Local Integration

The social and cultural dimension of local integration refers to the host communities' acceptance of refugees into their social and cultural fabric with tolerance and nondiscrimination, as well as refugees' adapting to the local environment and understanding and respecting new lifestyles and cultures. Distributive social justice (Gilbert & Terrel, 2013) is an imperative concept in this dimension of local integration. Allocating resources to adequately support standards of living for everyone in a society while educating both citizens and refugees on the benefit of integration could facilitate host communities' willingness to accept refugees and refugees' adaptation in the host community.

As mentioned earlier, the poverty rate in Turkey is high. With inflation and the economic crisis that began in 2018, social media in Turkey provided a platform for hate speech against refugees, blaming them for exacerbating the country's economic issues. In January 2020, for example, a 20-year-old university student committed suicide a few days after posting on social media that she only had ₺1 in her bank account and that she could not find a job (Birgun, 2020). In response to this, several people on social media blamed the government for supporting refugees but leaving citizens behind. For example, one post on social media, translated here from Turkish to English, read:

We could not feed our 20-year-old child, but we were able to put money for Syrian refugees' sheesha. May God damn the ones who caused that. (Ferhunde Alkan,⁸ January 5, 2020)

Another post stated:

EVERY 10 SYRIAN LEAVE 6 TURKISH UNEMPLOYED! In 2 years, our workers will not be able to take bread home. The privileges given to Syrians are not given to our citizens. SHARE TO RESPOND! [translated from Turkish to English] (Nurcan Pinar,⁹ 2020)

Turkey's ethnic and religious diversity has also been a source of conflict throughout history. Conflict between the government forces and Kurdistan Workers' Party, *Partiya Karkeren Kurdistan* or PKK, has resulted in more than 5000 deaths, including civilians, over the past 5 years, which makes over 40,000 deaths since the PKK was established in 1984 (International Crisis Group, 2020; Sardan, 2012).

Although there have been several attacks on religious minority groups, particularly in the past few decades, religious diversity has usually been a source of systematic discrimination rather than a cause of violent conflict in Turkey. Nonetheless, Syrian refugees bring a different dynamic to the existing ethnic and religious systems. In general, Syrians who flee to Turkey share the same Sunni beliefs as the majority in Turkey. However, there are many people who are born and raised in Turkey and share the religious beliefs of Bashar Al-Assad, who is Nusayri, especially along the Turkey-Syrian border. Arrival of Syrians with differing religious

⁸The name was changed to protect confidentiality.

⁹The name was changed to protect confidentiality.

beliefs has created fear and sectarian tension among the host communities living closer to the border, and social cohesion programs in Turkey should consider such factors in their design.

It is difficult to build social cohesion in an environment where there are discrepancies in the social and economic systems of a country. In order to prevent social conflicts and to integrate refugees socially and culturally, the responsibility of hosting refugees should be shared among all national and international stakeholders. The refugee and host communities should be assisted equally and trained to learn about each other's culture and conditions to live together. With an appreciation for human diversity and training in cultural humility and distributive justice, social workers are the key professionals in identifying and demanding at the macro and mezzo level the necessary services in social and economic systems to alleviate discrepancies. Social workers are also well-equipped to implement and manage projects at the mezzo and micro level of practice to raise awareness within and between the host and refugee communities about their differing cultures and eventually build social cohesion.

8.7 Nongovernmental Support for the Local Integration of Refugees

Nongovernmental organizations strengthen the local integration process by filling some of the gaps in services provided by the government. Governments sometimes do not have enough resources to provide services in all areas, and/or certain areas may be prioritized by some governments, often for political reasons. In such cases, NGOs can play a critical role in addressing gaps in services. Most social workers also practice within this sector. In Turkey, there are several nongovernmental organizations providing psychological counseling, education activities, legal consulting, case management, women's entrepreneurship programs, social cohesion programs, health and reproductive counseling, interpretation, and networking services for TPS beneficiaries. Examples of such organizations include Human Resources Development Foundation, Small Projects Istanbul, YUVA, and Mavi Kalem, among others.

In June 2020, UNHCR reported 57 good practices for supporting refugees by 177 organizations and stakeholders, including both nongovernmental and government institutions, in Turkey (UNHCR, 2020b). Despite the large prevalence of nongovernmental organizations, more support is needed to strengthen the local integration process, enhance refugees' self-reliance, and decrease the pressure on host communities in Turkey. Social workers employed in the nongovernmental field, as professionals with abilities to understand the ecosystem of the refugees, play a crucial role in identifying and providing services that governments or international intergovernmental organizations may be limited in identifying or providing.

8.8 Role of Social Workers in Local Integration

The International Federation of Social Workers (2014) states the following:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. (para. 1)

Considering this definition, social workers practicing at the micro level, such as in a hospital or a legal setting, can work with individual refugees and provide case management services to meet refugees' health care, education, mental health, or advocacy needs and enhance refugees' well-being. To provide the best care possible, it is important that social workers understand refugee experiences and are able to identify potential consequences of trauma when providing direct services for refugees.

At the mezzo level, social workers may work in a variety of settings. In schools, social workers can work to ensure refugee children's access to education, including working to prevent child labor, child marriages, and bullying. Social workers can also support refugees economically by increasing employment opportunities and vocational skill development. Finally, social workers may fill many roles in non-profit and nongovernmental organizations, working to increase access to interpreters, language courses, and skill development courses, as well as ensuring the needs of the host community are met and social cohesion is prioritized.

At the macro level, social workers may collaborate with international organizations as researchers or community activists to increase awareness on the social responsibilities of various countries. Or, working in a national policy level, social workers may initiate or lead the operations of resettlement programs, be part of the identification process of different groups of refugees and services to address refugees' needs, and advocate and promote their rights and standards of living. Lastly, working with national and international media to increase awareness, change narratives about refugees, and advocate for refugee rights can help with all levels of intervention.

In Turkey, the first social work department was founded in 1961 at Hacettepe University in Ankara. The department served as the only social work department until 2002 and as the only social work department in a public university until 2006 (Hacettepe Universitesi, [n.d.](#); Baskent Universitesi, [n.d.](#)). There is an increasing number of social workers employed at micro, mezzo, and macro levels in the local integration process in Turkey. Yet, currently, only social workers with language capabilities provide direct services to refugees, so the number of social workers working in the field of forced migration is very limited.

8.9 Conclusion

Local integration becomes a beneficial durable solution for refugee situations when host countries can provide legal, economic, social, and cultural support for refugees to become self-sufficient. Currently, low- or middle-income countries host the majority of refugees worldwide (85%) (Global Compact on Refugees, 2020). As these countries are dealing with their own development challenges, including but not limited to poverty, unemployment, high inflation, and social inequalities in health and education, they need international support in order for local integration to be realistic and sustainable.

Turkey is one such country that has also been experiencing increasing economic, political, and social pressures with the arrival of an increasing number of refugees. For this reason, to decrease the pressure on host communities in Turkey and expand and strengthen local integration services, including cash assistance, employment, health care, education, and interpretation services, all stakeholders need to cooperate. Relevant stakeholders include national, international, governmental, and non-governmental bodies.

With their ability to comprehend and respond to micro, mezzo, and macro challenges of local integration, social workers are essential in achieving durable local integration. As described in this chapter, social workers supporting refugees and host communities in integration efforts should employ a holistic approach in assessing the needs of both the host and hosted communities in order to design programs and policies that enhance all persons' rights and access to services and benefits.

8.10 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. What should be the considerations of the host country's native population needs while designing local integration policies for refugees?
2. What might be the overall benefits and barriers for local integration of refugees?
3. After reading about Syrian refugees and services provided for them in Turkey, what do you think about Turkey's response to the refugee crisis? For example, do you consider it to be a positive or negative response? Why?
4. What do you consider to be the most challenging aspect of the local integration process in Turkey?
5. Which aspect of the local integration process in Turkey did you find most impactful?
6. What are the similarities and differences between the response to the global refugee crisis in your country and in Turkey?

8.11 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

It is important for social work practitioners to comprehend the challenges of host countries and refugees and see the roles they can fill in providing support. Creating a table similar to Table 8.1 of this chapter for a country of interest and initiating a discussion around strengths, weaknesses, opportunities, and threats (SWOT) in the local integration process in that country could help students understand the challenges of host countries and refugees in a real country context. This SWOT analysis may be followed by a conversation on the professional role of social workers in the context of that particular country. Then, a discussion on the professional skills needed for social workers in the local integration process may help students consider the areas in which they need to strengthen or grow to be prepared for the field of forced migration and local integration.

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Chapter 9

Durable Solutions: Return and Reintegration of Displaced Populations and Reconstruction in Post-conflict Societies



Mashura Akilova, Klubosumo Johnson Borh, and Hatem Alaa Marzouk

9.1 Introduction

Return or repatriation of refugees and internally displaced persons (IDPs) is one of three durable solutions considered for displaced persons, along with third country resettlement and host country integration discussed in Chaps. 7 and 8. Return of displaced populations to their home communities is also sought for and associated with state building and national reconstruction, peace, stability, and a return to normality (Chimni, 2002) as returnees offer human resources and capital in rebuilding efforts, as well as political clout (Petrin, 2002). Repatriation is also a desirable solution to host countries and donors who fund services provided to refugees in host countries (Black & Gent, 2004; Crisp & Long, 2016; Dadush, 2018). However,

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repatriation is also a controversial and unpredictable solution. Under political and economic pressure, the United Nations High Commissioner for Refugees (UNHCR) and host countries may promote and facilitate return to countries of origin for displaced people even when conditions in these countries may not be ideal (Chimni, 2002); refugees in exile may not want to return after already settling in their new homes; the conditions that originally displaced refugees may still impact their safety and well-being upon return; and proper support and infrastructure may not exist to provide opportunities for returnees to sustain their livelihoods, among many other factors (Alrababah et al., 2020).

By the end of 2021, 27.1 million refugees have been affected by protracted crisis situations (UNHCR, 2022), resulting in generations of families spending their entire lives in refugee camps. As of 2018, the median duration of exile was 5 years, and the mean duration was 10.3 years. This number has fluctuated between 10 and 15 years since the late 1990s (Devictor, 2019). In protracted situations, displaced communities are most affected by insecurity: they cannot gain all the rights afforded to citizens of their host communities, but they also cannot return to their own countries due to ongoing conflict. IDPs can also be impacted by protracted situations that displace them across communities in their home countries. In the face of such conditions and the infeasibility of other durable solutions—such as resettlement in third countries, which is extremely rare¹—current host country integration and repatriation to origin countries are increasingly considered more accessible options for displaced persons. Though it has been argued that repatriation is the easiest solution for refugees when conflicts in their home countries subside, their automatic return should not be expected, nor forced (Fagen, 2015).

The UNHCR Handbook on Repatriation (1996) outlines that refugee return should be voluntary, safe, and dignified. While “voluntariness” implies “an absence of any physical, psychological, or material pressure” (p. 9), it is recognized that displaced people’s decisions to return are most often necessitated by political factors, security problems, or material needs. Safety and dignity of return refers to providing returnees with legal, physical, and material security; freedom from fear of attacks and punishment upon return; and ensuring that they are not “manhandled,” “can return unconditionally at their own pace,” “are not arbitrarily separated from family members,” and are “treated with respect and full acceptance by their national authorities” (UNHCR, 1996, p. 10). However, there are many cases when the return of refugees and asylum seekers may be coerced, such as when host governments deny asylum, reduce support, or otherwise create conditions conducive to unwillingly repatriating; this also includes deportation, or forcibly sending displaced people back to their home countries, often to face poverty, persecution, detention, torture, or disappearance (Carr, 2014; Sidhu & Rossi-Sackey, 2022). Scholars have been distinguishing types of return to include “genuinely voluntary return;” “nominally voluntary return,” when refugees are asked to repatriate once conditions in their country of origin improve; and “soft deportations,” or assisted return for rejected (non-deported) asylum seekers (Dadush, 2018, p. 2; Leerkes et al., 2017).

¹ Permanent resettlement is available to only 1% of refugees around the globe (Devictor, 2019).

Refugees who are genuinely contemplating return look for security and access to livelihood (Dadush, 2018), in addition to access to justice; right of return to areas of origin; access to land, property, financial resources, and social networks; and international assistance (Harild et al., 2015). According to recent studies, safety and security have been considered a top priority, followed by economic opportunity, adequate housing, and access to public services upon return (Alrababa'h et al., 2020; Constant & Massey, 2003; Yahya et al., 2018). The safety and sustainability of return also depends on the restoration of returnees' psycho-socioeconomic well-being, which does not only involve restoring returnees' past conditions. Integrating returnees' experiences in exile and conflict is critical to supporting the well-being of displaced people and the success of their repatriation (Black & Gent, 2006; Carr, 2014).

Black et al. (2004) group the push and pull factors affecting refugees' decisions to return into three structural categories: (1) conditions in their countries of origin and in host countries; (2) individual attributes that may differently impact decisions to return, such as age, gender, political identity, and social relations (family structure, community connections, etc.); and (3) policy factors that may include interventions providing incentives and/or disincentives in countries of origin or host countries. Macro-level support provided by laws, local institutions, and authorities (Jenne, 2010) and financial and administrative support from the global community (Chimni, 2002) are particularly important in facilitating safe and dignified return. Without the proper conditions and sustainable system of support, return and reintegration can fail or lead to further conflict and displacement (Harild et al., 2015; Jenne, 2010).

This chapter will review various conditions of return, the sustainability of the return process, and varying supports provided to different subgroups of a population, including receiving communities; women, children, and ethnic minorities; former child soldiers; and persons with disabilities. The role of social workers and other practitioners supporting the return, reconciliation, and reintegration of returnees will also be discussed.

Video 9.1 provides supplementary information on return and reintegration of displaced populations and reconstruction in post-conflict societies.

Case Study: Liberia

The 1989 and 1999 Liberian Civil Wars are among Africa's bloodiest civil conflicts, claiming the lives of more than 250,000 Liberians and displacing nearly one million people. The conflict was marked by many peace talks and agreements throughout its 14-year span. The Accra Comprehensive Peace Accord (CPA), signed in 2003, brought the Liberian government, rebel groups, and political parties together as signatories and led to an immediate ceasefire. The ceasefire called for the establishment of cantonment sites;

(continued)

disarmament, demobilization, rehabilitation, and reintegration of combatants from various rebel groups to pave the way for those communities that were displaced internally and across the border to return to their region of origin; security sector reform; the release of prisoners and abductees; addressing human rights and political issues; security guarantees for humanitarian activities; a post-conflict rehabilitation and reconstruction program; implementation of the peace agreement; and the settling of disputes among the conflicting parties (UN Security Council, 2003). The signing of the CPA marked the end of the conflict and the country's transition into democracy, which allowed the repatriation of one million Liberians who had been forcibly displaced as a result of the 14-year civil conflict. The CPA established a National Transitional Government in Liberia until elections were held. It called for the setup of the UN peacekeeping operation, mandated the establishment of a Truth and Reconciliation Commission to deal with the crimes and human rights violations committed in the civil conflict, and provided a forum to address the issues of impunity for genuine healing and reconciliation. As a result of the peace agreement, the government of Liberia embarked on multiple initiatives that aimed to overcome social, political, and religious divisions; transform relationships; heal wounds from the civil war; and address historical wrongs, including the structural root causes and potential areas of conflict (Herbert, 2014; Sirleaf, 2014).

9.2 The Principles and Process of Repatriation

The repatriation of refugees is not a one-time event; rather, it is a process that takes place over time and can happen in a multitude of ways. For example, Harild et al. (2015) differentiate between spontaneous return without official assistance and return that is assisted. The process can be staggered, such as when specific family or community members are sent back first to establish livelihoods and reclaim property or land, and the remaining members return once safety or access to resources is established. Regardless of how the process of repatriation is facilitated or executed, the decision to return can take place on the individual, household, and community levels. Some refugees decide to return before peace treaties or cease fires have been signed and without the logistical and financial support or governing bodies (Ghosn et al., 2021). Some decide not to return at all, especially if they have settled and built their lives in their host communities (Alrababa'h et al., 2020; Dadush, 2018). Others may have changed in ways that make them feel unwelcome in or rejected by their communities of origin (Riiskjaer & Nielsson, 2008).

For the return of internally and internationally displaced citizens to be safe, dignified, and sustainable, the conditions of return and reintegration should be included in peace agreements (such as the ones described in the Liberian case study), which

set the course for the socioeconomic and political transformation of a country. Proper peace deals should address not only the grievances of various parties involved in the conflict but also the root causes of the conflict. The peace deal negotiated between the United States and the Taliban in 2020, for instance, did not include the Afghanistan government or require that people's diverse rights are protected and needs are met (Sayed et al., 2021). Instead of bringing peace, the 2021 Taliban government takeover is now estimated to produce more than half a million refugees, with 558,000 Afghans already internally displaced (Sayed et al., 2021). Without the provision of safety and security, return may not be an option for these communities (Alrababa'h et al., 2020; Yahya et al., 2018; Sydney, 2019). In order for peace negotiations to be sustainable, they must ensure that people from diverse groups of the population are included in the determination of the terms of reconciliation and repatriation and have representation and roles in the decision-making process.

For rebuilding and reintegration to be successful and sustainable in a post-conflict society, factors addressing peace building, reconciliation, social cohesion, and the sources of conflict have to be integrated in the country's strategy of development (Newman, 2011). The process of reconstruction should be inclusive of both the groups of people who have stayed throughout the conflict and those who were internationally or internally displaced. It should also empower people to take ownership of the process of planning, decision-making, and implementation. Social workers and related professions within this field can play an enormous role in advocating for reintegration policies and programs to be inclusive of all communities within a population and especially those who are socially and systemically marginalized, such as ethnic and religious minorities, children, women, persons with disabilities, and those who have been associated with combatants. Community-level work on reconciliation, reparations, and collective healing from trauma related to the root causes of displacement are as important as the work that happens on individual trauma healing. Social workers have the skills necessary to facilitate this process through advocacy, awareness raising, individual and community empowerment, and the coordination of resources between stakeholders. The availability of mechanisms that can protect human rights should be considered when supporting refugees considering return, as well as in the provision of services and reintegration efforts upon their return to their origin communities.

9.3 Employment, Land Ownership, and Financial Security

Protection of human rights through the rule of law, political participation, equal access to public services, and protection from discrimination are strong predictors of refugees' repatriation (Klinthall, 2007; Zakirova & Buzurukov, 2021). A returnee's ability to obtain employment—or, for those returning to rural areas, the ability to reclaim their land and property—is essential for return. The economy, and therefore, the labor market, in post-conflict societies suffers due to the damages and

destruction of the infrastructure caused by war, as well as “brain drain” and continued insecurities preventing new investment. Returnees will often be at a higher risk compared to those who have stayed throughout the conflict. In addition to the process of readjustment, many returnees report discrimination in being employed, starting a business, or experiencing security risk because others perceive them as having access to money (Riiskjaer & Nielsson, 2008). Returnees report rejection due to their association with a foreign country, discrimination on the basis of being outsiders, and risk of kidnapping and ransom demands (Riiskjaer & Nielsson, 2008). However, returnees who have previous education, skills, and familiarity with the environment in their origin countries have found themselves better placed for reentry upon return (Houte & Konig, 2008). Conversely, administrative hurdles, such as registration upon return, can make the process more difficult and impede returnees’ financial independence (Carr, 2014). Gender-based expectations and discrimination, such as in societies in which women cannot own businesses or be formally employed, can make reentry and integration challenging for women and gender minorities who already carry the additional burden of safety and security concerns (Carr, 2014).

Reclaiming land and property is essential for returnees originating from rural areas as land is a source of livelihood and stability that is key in rebuilding their lives (Rogers, 1992; Harild et al., 2015). For example, successful repatriation efforts after civil conflicts in Afghanistan and Burundi were dependent on the ability of returnees to reclaim land (Harild et al., 2015; Zakirova & Buzurukov, 2021). In the face of the destruction of housing and other property over prolonged conflicts in these countries, the land and other property of returning refugees and IDPs were claimed or purchased by other displaced persons, which created a challenge to returnees reclaiming their property (Fagen, 2011). In many cultures, property and land may be equated to status and citizenship; therefore, conflicts over restoration of land and property may lead to more instability and conflicts (Fagen, 2011). Existing literature warns, however, against reintegration efforts that only aim to restore returnees and IDPs to their communities of origin without accounting for the accumulated experiences in exile. Many refugees, including those who originate from rural communities, become urbanized during their exile and gain various professional qualifications such that a return to rural life is not preferred (Fagen, 2011). Therefore, repatriation efforts should be flexible and target actual needs of individuals and communities, rather than assume returnees’ needs or desires. UNHCR supports returnees who participate in voluntary repatriation and reintegration into their home communities during the initial stage of return, the length of which is determined together with involved stakeholders within the countries of origin and asylum (UNHCR, 2019).

Refugees are allocated cash grants to cover transportation from their country of asylum; basic needs through the initial period of return and adjustment; and expenditures, such as cost of housing, shelter repair and the legal costs of repossession of property, restoration of documentation (registration, certificate of property rights, citizenship documents, etc.) upon return, furniture and other household goods, clothing, and capital investment in livelihood startup (seeds and tools, livestock,

etc.) (UNHCR, 2019). The process of determining the level of UNHCR support provided to an individual or community is a multi-stakeholder process that centers refugees' needs, connects the governments of the origin country and country of asylum, and builds support for existing or new development efforts in the countries of asylum. Social workers can play an essential role in the implementation of needs and strengths assessments, mapping existing resources in countries of asylum and origin countries, as well as creating linkages between host and origin communities and connecting institutions of support to ensure the sustainability of the return process. By providing a realistic assessment of the security situation and economic conditions in a country of origin, social workers can assist refugees in preparing for their return and gaining access to necessary resources and supportive networks. Ensuring that refugees and IDPs are centered in the effort to reintegrate them in their origin countries also requires coordination and advocacy. While social workers can play a central role in making the process of return and reintegration more just through applying person-first, empowerment, and strengths-based frameworks, they should not participate in any effort that involves forcibly sending refugees to their home communities, subsequently endangering their safety and well-being.

9.3.1 Social Welfare Systems

In areas with active conflict, many of the commodities of everyday life are damaged. The inability to rely on housing; roads; food supply chains and means of production; and education, health, social, and economic institutions due to damages caused by conflict make the process of repatriation less safe, less voluntary, and less sought after for displaced people (Heimerl, 2005). In the absence of opportunities to self-sustain while countries of origin rebuild infrastructure, post-conflict societies require massive social welfare support (Cox & Pawar, 2013; Harild et al., 2015). While support from international stakeholders is usually available in the first few years of post-conflict reconstruction, the long-term well-being and sustainability of reconstruction efforts should not be overlooked (Naraghi-Anderlini & El-Bushra, 2004). While addressing immediate needs, such as shelter, hygiene, hunger, and health, among others, social welfare institutions should aim to build systems that will continue to invest in personal, community, and societal well-being. The process of reconstruction should be participatory and involve diverse groups within affected communities, including returnees in decision-making and the design and construction of new social welfare systems. Political representation and participation are critical for the successful post-conflict reintegration of displaced people and have proven to be one of the most important predictors of refugee return (Zakirova & Buzurukov, 2021). Involving community members ensures that the design of welfare systems, policies, and programs fit local, contextual, and cultural conditions, which also ensures the health of such institutions and their effectiveness beyond reconstruction years. Rebuilding social infrastructure is also a source of employment and livelihood support for post-conflict communities that can contribute not

only economically but also by providing a sense of purpose, belonging, and healing, which may have been lost during years of conflict and forced displacement (Fagen, 2011). Participating in social reconstruction enables formerly displaced people to become part of the communities to which they are repatriated (Kibreab, 2002). If reintegration during a transition from war to peace is not well-designed, old and new tensions can arise, exacerbating the circumstances of both returnees and community members that remained in their country of origin throughout a conflict (Jenne, 2009; Ozerdem & Sofizada, 2006). Social workers can play a paramount role in advocating for a participatory reconstruction process, challenging oppressive systems, ensuring equity and justice in the distribution of roles in rebuilding efforts, and designing culturally responsive policies and programs that address post-conflict social welfare.

In rebuilding physical infrastructure, healthcare and educational facilities must be prioritized to address physical and mental health issues that populations without access to such facilities may have accumulated (Somasundaram & Sivayokan, 2013). Educational and childcare facilities should provide educational support for children in adjusting to systems they may have forgotten or not known due to time spent outside of their communities. Given educational facilities' centrality in children's lives, as well as their general importance in the community (Zakirova & Buzurukov, 2021; UNHCR, 2019), other psychosocial services can be delivered through such facilities to both children and families. Developing systems of child welfare, and overall welfare with access to stable housing, sanitation, and hygiene, is critical to support healthy and educated future generations that recovering societies, as well as the peace of post-conflict nations, depend on.

Post-conflict social welfare systems also require the improvement of cash and service benefit payments for vulnerable population groups, such as those with disabilities, older adults, low-income children and families, and returnees receiving restitution and/or reintegration benefits (UNHCR, 2019). Even though most funding in the first stages of reconstruction may come from international sources, mechanisms of transfer of the responsibilities and sources of funding must be integrated from the beginning to ensure sustainability. Systems should ensure inclusion of all members of society and built-in accountability and monitoring instruments to treat everyone equitably across age, gender, ability, nationality, race, religion, and other identities.

9.4 Addressing the Needs of Various Groups of Returnees, IDPs, and Communities

9.4.1 Receiving Communities

In international development, the role of communities' local knowledge and skills is often underrated and underused (Ellerman, 2005), especially in top-down approaches in which large stakeholders, like the United Nations and other international organizations, are used to regulate the process of reconstruction and

reintegration (see Chap. 4 on the coordination of emergency response). Communities play a vital role in designing and creating conditions for successful community reintegration processes, directly impacting how formerly displaced persons are accepted and how larger policies are implemented in practice. Community leaders and community members hold access to existing knowledge, experience, and resources that may be unavailable to outsiders (Obaa & Mazur, 2016). As keepers of relationships between community members and human resources, communities should be at the forefront of designing and implementing services central to reintegration and rebuilding. Concurrently, the needs of host communities should not be forgotten. Without addressing immediate community needs, the long-term sustainability of reintegration and peace may not be possible, both for community members who stayed during conflict and those who return after conflict. Fagen (2011) discusses the case of returnee reintegration in Bosnia, where refugees were encouraged to return to their origin communities with the aim to restore the multiethnic character of Bosnia and Herzegovina following the war that killed 100,000 people and displaced half of the population. Both returnees and IDPs, as well as origin communities with ethnic minorities, were provided incentives to reintegrate returnees through funds to restore infrastructure, reclaim property, and implement economic and structural reforms. While the number of minority refugee returns was relatively high, the climate in communities with the majority ethnic population remained hostile toward ethnic mixing, resulting in discriminatory and segregated systems (e.g., children attending the same school but having “separate classrooms and biased curriculum” (Fagen, 2011, p. 5)).

Community-based approaches to healing, rebuilding, and reintegration can be more effective than top-down approaches as participating community members, including religious and community leaders, traditional healers, and other community-based and cultural institutions, ensure effectiveness of methodology used, based on their direct knowledge of people and their ways of life (Asiedu, 2010). Nevertheless, it is important to note that the duration and process of community healing will also depend on the existing social welfare structure and social bonds, both prior to and following conflict. The experiences of local communities in coping and supporting themselves during conflict, as well as the strengths and resilience developed, will also be necessary in healing. The common experiences, resilience, knowledge, and resource bases of local communities should be built upon, letting people direct the processes of healing and reconstruction, rather than bringing in outsiders to lead recovery efforts. Furthermore, it is unlikely that communities remain inactive or passively wait for reconstruction to happen in response to direction from the State or international community. To normalize life during conflict, communities constantly rebuild (Spence, as cited in Cox & Pawar, 2013).

Especially in the context of post-conflict societies with loss of archival materials or databases and challenges restoring legal documentation, community knowledge can become irreplaceable in the process of property restitution for returnees (Unruh & Williams, 2013). In restoring property rights, it is important to ensure that people who have been living in claimed properties have another space to move into, desirably not too far from the communities they have called home. Consultation and

collaboration with local communities can help in resettling returnees who may not have originated within the communities they are repatriated to. The capacity of host communities to absorb the number of people repatriated to them should also be considered.

Social structures that may be weakened or lost during conflict need special attention. Communities of people who remained in place during conflict and experienced casualties and direct impacts of war may not retain their previous connections to people who left the country in search of safety (Houte & Davids, 2008). Life in exile may have changed the formerly displaced persons returning to their own country. The perception of remaining community members about those who fled during conflict may also alter bonds (Riiskjaer & Nielsson, 2008). Maynard (1997) writes that oftentimes “in war-torn societies healthy social patterns are replaced by distrust, apprehension, and outrage, impairing community cohesion, interdependence, and mutual protection” (p. 207). Trauma and a host of other psychosocial consequences of war, in addition to eroding social and physical infrastructure, may complicate the process of reintegration of returnees into local communities and require parallel work with both the receiving communities and those who have been displaced. This process requires rebuilding of mutual trust and ensuring that honest discussions addressing the sources of conflict and the experiences of conflict-related trauma among and between both groups are addressed. The example of Gacaca community courts in post-genocide Rwanda, serving as a mechanism to restore justice (and punish perpetrators), shows the value of local community solutions to compensate for the gaps and lags in a government’s capacity to serve justice on many counts of atrocities (Doughty, 2016). Concurrently, this process of restorative justice aided communities in healing and restoring social harmony by bringing together survivors and perpetrators to reconcile and find ways to coexist in the same society (Sullivan & Tiftt, 2001). Social workers engage in the facilitation of processes addressing social cohesion and trauma through indigenous practices already used and identified by the community, working not only with individuals and families but also with communities and various institutions within communities. It is worth noting that the role and positionality of social workers engaged in this process will depend on whether the social worker is part of the community or is an outsider, what kinds of identities and experiences they hold in this space, and whether they have an in-depth knowledge of the community. Regardless of their position, however, the social workers engaged in this highly sensitive work should always remain compassionate, objective, and free from biases and prejudice. While their role in country-level policy advocacy cannot be emphasized enough, social workers can also effectively engage on local and international levels, leading efforts for global stakeholders to share power and responsibility over providing necessary financial supports and oversight, while advocating for local communities to direct recovery, reparations, and reconstruction processes. Bringing light to human rights issues, including justice served to survivors and victims of war crimes, is another area in which social work advocacy efforts can be focused.

9.4.2 *Reparations and Community Rebuilding*

Ethnic and religious conflicts often result in irreparable losses and collective trauma for affected minority groups, such as Yazidi people in Iraq (see Case Study 2, below). Healing community and individual trauma starts with addressing war crimes. At the global level, the International Criminal Court and International Criminal Tribunal (Betts, 2005) play a large role in punishing those who have committed war crimes, such as ethnic cleansing, using children in war, and using sexual violence as a weapon of war. The *Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law* (UN General Assembly, 2005) provides guidelines for states and other stakeholders to begin the process of repair. Obligations for stakeholders include provision of equal, just, adequate, and appropriate remedies and reparations and protections for the survivors of displacement and victims affected by conflicts in accordance with international, domestic, and customary law. Obligations for states include the investigation of perpetrators of war crimes and human rights and humanitarian law violations and the prevention of further victimization of targeted groups (UN General Assembly, 2005).

Addressing community and individual trauma is part of a collective healing process and contributes to rebuilding trust and social cohesion. For instance, the survivors and families of genocide in Rwanda have been traumatized not only by the experience of violence and loss but also by the experience of observing the mass graves where their relatives were buried (Kabeera & Sewpaul, 2008). The most trying of all experiences for many returnees, however, was co-existence alongside perpetrators of genocide (Kabeera & Sewpaul, 2008). While the community-level trials brought some justice to survivors, the process of reconciliation was nonetheless not easy.

In post-conflict societies, participatory approaches that include community members in the process of serving justice have been effective in creating a framework for healing and rebuilding social cohesion. A volume edited by Huyse and Salter (2008) reviews the experiences of communities from various African countries in traditional justice and reconciliation efforts after violent conflicts. Traditional justice procedures among the Kpaa Mende in Sierra Leone were used in the process of reconciliation and repatriation of ex-combatants following the Sierra Leone civil conflict that lasted from 1991 to 2002. *Curandeiros*, or traditional healers, performed reintegration ceremonies for ex-soldiers in Mozambique following a 15-year conflict that occurred between 1977 and 1992. The *magamba* spirits of dead victims were believed to haunt abusers who did not admit and redress wrongdoing in a struggle for justice, creating a sociocultural environment in Mozambique that allowed individuals and groups to avoid violence and re-establish broken relationships (Gyedu Thompson, 2016). The *moyo kum* (“cleansing the body”) ritual in Uganda has been used following civil conflict to wash away the guilt of individuals who have returned from captivity to live together in peace. In Northern Uganda, the *mato oput* ceremony has also been used in reconciliation of conflict-related killings.

Case Study: Iraq

Mount Sinjar in North-Western Iraq is a key spiritual site and the physical homeland of an estimated 300,000–700,000 Yezidi people, considered an ethnic and religious minority that follows Sufi traditions (Allison, 2001). Yezidis, along with other minorities, such as Christians, Kakis Shabakhs, and Turkmens (Yazda, 2021), have been the target of hostile attacks in the past, but in 2014, the Islamic State of Iraq and the Levant (ISIL) took over the Yezidi people's homeland and committed a genocide that killed, abducted, or enslaved more than 12,000 individuals and forcibly displaced around 400,000. While rescue missions liberated many, 3000 Yezidi people remain missing or feared dead (Arraf & Khaleel, 2021). The majority of Yezidi IDPs live in the Duhok governorate of the autonomous Kurdistan Region, north of Iraq. As of September 2021, 133,989 IDPs still reside in 15 camps, and an additional 195,936 IDPs live outside of camps in Duhok (Ministry of Interior of Iraq (2021)).

Seven years after the genocide, Yezidi people still face several barriers to return to their areas of origin. Some barriers are logistical, as their houses, property, and other belongings having been destroyed, damaged, or ransacked (Yazda, 2021). They remain unable to afford the costs associated with rebuilding their homes and returning to their areas. Other factors that deter their return include increased availability and access to employment, education, and healthcare in the Dohuk governorate compared to their original communities. For some, access to services and opportunities provided by national and international NGOs and United Nations agencies has made life in Duhok more favorable to their areas of origin, despite restrictive or limiting regulations in camp. This created a generational split in the Yezidi community, where youth would like to remain in Duhok specifically, the autonomous Kurdistan Region of Iraq more broadly, or look for immigration opportunities abroad, whereas the older generation appears to be more attached to their areas of origin and wishes to return back. In a culture that places high importance on the decisions of elders and the roles of families and tribes, those who choose to go against community norms run the risk of being ostracized and shunned out of the community, creating several psychosocial challenges and complications.

Yezidi communities' efforts to recover from genocide have been complicated by political instability and resource scarcity. Media focus on sexual violence experienced by Yezidi women has created a strong association between the Yezidi people and such atrocities, adding a further layer of stigmatization for survivors. A recently passed Yezidi Survivor's Law (2021)² that names the

²The name of the law, "Yezidi Female Survivors' Law," is somewhat controversial as some argue that it does not acknowledge other religious minorities that have been subjected to similar atrocities, though they are explicitly included in the clauses of the law.

crimes committed by ISIL against ethnic minorities as genocide and crimes against humanity was a key milestone in the process of reparations and reconciliation (Amnesty International, 2021). The law aims to address the damages and the negative effects, including physical, psychological, social, and material consequences, that these crimes have inflicted on all victims, especially women and children.

9.4.3 *Children*

All children are vulnerable due to their age, and their well-being needs to be protected before, during, and after conflict and displacement. Formerly displaced children rarely return to the life or home they used to know. Some may have never set foot in their place of origin or might return to a foreign language, culture, and community (Kabeera & Sewpaul, 2008). There are additional considerations when reintegrating unaccompanied children, or children who have been abducted, abused, or forced to participate in combat. Child returnees face challenges in four core dimensions: material, physical, legal, and psychosocial well-being (Save the Children, 2018). Specifically, children are substantially disadvantaged in accessing safety, housing, land and property, safe water, sanitation and hygiene, education, mental health services, and legal systems, hindering their reintegration into their societies of origin. Children are particularly vulnerable to the negative effects of conflict and chronic mental health disorders that result from war-related trauma, which can hamper physical, mental, and emotional development and can lead to decreased functioning in adulthood (Fegert et al., 2018; Werner, 2012; Betancourt et al., 2014; Singer 2006). Child-sensitive and holistic approaches to address all children's needs should be employed throughout the process of return and reintegration of children, incorporating and centering the principle of children's best interest (Save the Children, 2018).

While the overall needs of returnee children do not drastically differ from the needs of refugee children more generally (see Chap. 18 for details), the time that children have spent displaced from their communities of origin should be acknowledged for in their reintegration. Specifically, factors such as family reunification, care of orphaned and unaccompanied children, inclusion and re-adaptation to educational and cultural systems, language support, and psychosocial support mechanisms will be important. Supplementary classes that prepare children to re-integrate into schools, such as language classes for those who may need to learn their mother tongue (due to the time spent studying in their host-community languages), will be required.

If systems of child protection are not well-developed, children may be at high risk of experiencing abuse, exploitation, and neglect. The experiences of war make all children more vulnerable to trauma and other mental disorders. Not having the stability and support of adults, who may also be dealing with many issues while

settling in, building livelihoods, or dealing with their own trauma, can make children vulnerable to risky behaviors or push them to take on adult responsibilities earlier (Cherepanov, 2015). Special services should be provided for orphaned children or those who have been displaced outside of their home communities unaccompanied by adults. Unaccompanied children will need to be reunited with their families, including extended families. If that is impossible, they should be provided with support in family-like environments, such as foster care that should be developed. Special care should be in place when designing care provided to children and youth in group homes or independent living arrangements to ensure that youth have all the support needed.

The issue of documentation and the reconstruction of citizenship documentation is generally important in the process of reintegrating people who have been displaced or who have lost their documentation. However, there may be groups of children born in exile who may not have any citizenship, especially if host-country policies regarding the status of refugees are not clear. In order to reduce the problem of statelessness (discussed in detail in Chap. 15) among returnees, the process of establishing citizenship and documentation processes is critical and further affects the protection of children's rights and registration for additional services, such as healthcare, education, and housing, upon their return. This is especially true if the receipt of public benefits depends on the citizenship of residential registration. The role of social workers is paramount in supporting children in these situations and providing them with overall guidance, ensuring their access to family, kinship, or community care, as well as their access to resources. Advocacy with local government agencies and on policy levels to streamline the registration and programmatic support can make a great difference in reducing barriers for returnee children's integration.

9.4.3.1 Child Combatants

Reintegration of child combatants in post-conflict societies requires special consideration. Despite being one of the most widely condemned forms of human rights abuses and designated a war crime, the recruitment of child soldiers occurs in all regions of the world. Enlisting or conscripting children under the age of 15 years old, or forcing them to actively participate in both international and domestic armed conflicts, is prohibited under the Rome Statute of International Criminal Court and is considered a war crime (Weller, 2002). The Rome Statute protects children who were perpetrators, victims, and witnesses of physical violence, sexual violence, and murders (De Brouwer, 2009). The Rome Statute recognizes the need for separate procedures to establish the criminal responsibility of children, special measures to protect children as victims and witnesses during judicial proceedings, and legal staff with expertise in children's issues.

In over 30 conflicts around the world, at least 300,000 children are reported to be fighting as child soldiers (ILO, 2008; Odeh & Sullivan, 2004; Kaplan, 2005; Singer, 2006). Child soldiers are forced to work as porters, cooks, frontline combatants,

minelayers, spies, and sexual slaves. Their return and community reintegration are complicated by stigma and rejection (The Paris Principles, 2007), as well as by the experiences of their community members' losses. Former child soldiers are victims of adult criminal policies; therefore, juvenile and restorative justice should be used to help children's physical, psychosocial, and social recovery (UN, 1989). Child soldiers can be both victims and perpetrators of violence. They are often blamed, feared, and stigmatized due to the psychological and physical trauma of war. This makes the process of recovering, rehabilitating, and reintegrating child soldiers into civilian life extremely complex and multifaceted.

Former child combatants face several personal challenges during reintegration, including separation from social support networks inherent within armed groups; a subsequent sense of isolation, stigma, and rejection by communities of return; and challenges related to renegotiating their social and gender roles within public and private spheres (McMullin, 2013). Other challenges faced by ex-combatants include difficulty obtaining employment and psychosocial issues, including trauma, and physical health issues, such as living with a disability (Maedl et al., 2010). These challenges may leave former combatants in particularly vulnerable social and mental health situations and at risk for developing "antisocial" behaviors, such as drug and alcohol abuse, or engaging in violence against others or themselves.

Families and communities should accept child reintegration as a process that transitions children into meaningful roles and identities as civilians in mainstream societies. The political, legal, economic, and social conditions for children's survival, livelihoods, and dignity must be guaranteed. This process should ensure children's rights to formal and nonformal education, family unity, decent work, and protection from harm (The Paris Principles, 2007). Children who have been out of school for a long time can participate in education programs designed to teach basic reading, writing, and math skills once their condition has stabilized. Traditional cleansing rituals are required in many cultures for a child to be accepted into the community (Williamson, 2006). Some challenges of working with former child soldiers can include the expression of aggression and violence as symptoms of children's post-traumatic stress disorder, disobedience, rejection to participate in community activities, etc. (Williams, 2007).

9.4.4 Women and Girls

Violence against women and girls (VAWG) has been extremely widespread throughout the history of armed conflict (Mootz et al., 2019) and has systematically been used as a weapon of war (Graaff, 2021). These human rights abuses have resulted in psychosocial trauma, social stigmatization, and isolation of survivors, making reintegration into families and communities difficult (Pitino, 2021). Many women and girls who are sexually abused test HIV positive (Brown et al., 2021). The resulting long-term mistrust and stigmatization among communities is a challenge to peace building and the re-building of communities, as well as women and girls'

participation in post-conflict life. Women who were members of armed forces or groups have regularly been subjected to abuse. Abduction, torture, and sexual violations, including rape, mass rape, sexual slavery, forced prostitution, forced sterilization, forced abortions, childbirth without assistance, and mutilation, are all prevalent gender-based experiences of both women and girls during armed conflicts and examples of crime that may be eligible for compensation (United Nations, 2002). In a study of girls in fighting forces in Sierra Leone, Mozambique, and Uganda, combatant girls reported frequent sexual assault, while rape was reported by nearly all girls who were abducted (McKay & Mazurana, 2004). Physically, women and girls faced exhaustion, wounds, menstrual problems, pregnancy and delivery complications, sexual transmitted diseases, and a variety of other ailments, such as malaria, tuberculosis, anemia, starvation, and scar and burn wounds, to name a few (McKay & Mazurana, 2004; Stavrou, 2011). Official acknowledgement of these crimes, access to specialized health treatment relating to the specific violations they have experienced, and material rewards that may help their integration are all possible outcomes of reparations. However, because of their frequent stigmatization, victimized women are generally hesitant to disclose what occurred to them, particularly when it involves sexual offenses, and rarely come forward to seek redress (Ullman et al., 2008).

Women's conflict experiences frequently go beyond traditional conceptions of victim and perpetrator. When they return to civilian life, women may face more social challenges and isolation than men. They may be unable to participate in disarmament, demobilization, and reintegration or transitional justice measures for a variety of reasons, including their exclusion from the agendas of these processes, the refusal of armed forces and groups to release women, fear of further stigmatization, or a lack of trust in public institutions to address their specific circumstances (IDDRS, 2006).

The children of victimized women and girls born out of wedlock as a result of rape are viewed as a source of shame in most societies, affecting children, mothers, families, and whole communities and forcing mothers to choose between their children and communities (Redress, 2006). Traditional justice programs that enable women involved with armed forces and groups to reintegrate may be beneficial. Prosecution programs, for example, may aid women's reintegration by pursuing individuals responsible for women's coerced recruitment, as well as recognizing and punishing crimes against women in general, such as rape and other forms of sexual assault.

9.4.5 Former Combatants

Former combatants are often also both victims and perpetrators and carry an immense amount of trauma. Their disarmament, demobilization, and reintegration (DDR) are paramount in the transition from civil conflict to peace (Fusato, 2003). The social reintegration of former combatants is the most important aspect of the

DDR process and, if properly organized, contributes to longer sustainability and stability in post-conflict societies (Wilén, 2012). For successful reintegration of former combatants, community support is essential, and DDR's ultimate goal should be long-term social and economic reintegration. The United Nations launched the Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS) to improve its approach to DDR and ensure that ex-combatants do not return to fighting, which is crucial for post-conflict stabilization (Africa Renewal, 2007). Ex-combatants present additional challenges to society since they constitute a potential security threat and are regarded by the general public with fear, suspicion, and resentment (Fusato, 2003). The reintegration process should aim to assist ex-combatants and their dependents in three areas: social (building new relationships and trust), political (integrating into political decision-making processes), and economic (engaging in sustainable employment and livelihoods) (Buxton, 2008; Torjesen, 2013). Scholars and practitioners agree that reintegration of former combatants is one of the most complex, challenging, and critical phases of DDR because of the length of the process and its connection to other development aspects in the post-conflict setting (Buxton, 2008; McMullin, 2013; Theidon, 2009; Zena, 2013). However, improving ex-combatants' social and economic capacities enables communities to participate in reconciliation and healing (Tobie & Masabo, 2012).

9.4.6 Families with Perceived Affiliation to Combatants

Another important group to consider is displaced families, particularly women and children, with perceived affiliation to combatants. In Iraq, for instance, one of the largest groups of returnees who continue to struggle with reintegration in the community are persons and families with perceived affiliation to ISIL.³ The needs of these families continue to be compounded as they continue to live in poor conditions in camps and urban areas in fear of retaliation, social isolation, and marginalization (IOM, 2020a).

In Iraq, community traditions greatly affect procedures for addressing conflict and disputes; for example, immediate and extended family members may be held accountable for crimes committed by one of their relatives (Arraf & Khaleel, 2021). Tribal disavowal (*tabri'yya*) and subsequent loss of tribal protection is one of the most commonly used measures of punishment. The tribal disavowal process also affects any person who declines to report (*ikhbar*) or disavow family members connected to ISIL. Other retaliatory measures may include inability to return to their place of origin and or participate in community reconciliation and inability to obtain civil documentation for themselves and for their children, which impacts access to public services and protections and potential harassment by families who lost

³A total of six million people were IDPs in Iraq between 2014 and 2021. In February 2021, the number stood at 1.3 million (OCHA, 2021).

members as a result of ISIL (IOM, [n.d.](#)). It is therefore common for some communities to ostracize whole families if one of its members has been affiliated with ISIL or even perceived to be affiliated with them in any capacity.⁴ This ostracization has been fueled by communities' resentment of ISIL and the atrocities that the militant group have committed. Furthermore, legal hurdles restrain the reintegration of combat-affiliated families into the community (as described in IOM, [2019](#)).

Several organizations operating in IDP camps and in areas of return provide services that support displaced families and enhance the community's receptiveness to their return and integration in their areas of origin through local peace committees and activities that strengthen social cohesion. Social workers can play an important role in raising awareness in the communities reintegrating families with perceived connection to ISIL, reducing the stigmatization of these families, supporting family reunification, and advocating for the full protection and restoration of all the rights in the communities of origin if the families so wish. Social workers can also advocate for policies affecting vulnerable groups on the macro-level, which should also provide alternative opportunities for permanent resettlement elsewhere.

9.5 Mental Health and Psychosocial Support Practitioners and Programs

One of the most significant consequences of armed conflict and other situations of violence is their impact on the mental health and psychosocial well-being of people affected. Social workers and mental health practitioners work directly on providing mental health and psychosocial support (MHPSS) services and can take part in designing policies and programs that will address large-scale mental health issues impacted by conflict. In some countries of the Global South, the profession of social work may not exist or may be only developing. MHPSS services may be provided by practitioners from relevant fields, such as psychology and psychiatry, or by practitioners and paraprofessionals with a background in other fields, as available. In Iraq, for instance, the availability of human resources in MHPSS remains scarce: according to the World Health Organization (WHO) ([2014](#)), there are 0.4 psychiatrists, 0.1 other medical doctors trained in mental health, 1.5 nurses trained in mental health, 0.1 psychologists, and 0.2 social workers per 100,000 people. For psychologists and social workers in particular, the level of training received remains quite theoretical and lacks a clinical component. In 2021, there was only one university in Iraq providing a master's degree in clinical psychology and no program for clinical social work (Koya, [2017](#)).

Therefore, service providers often resort to the Inter-Agency Standing Committee (IASC) pyramid of interventions model (see Chap. [5](#) for more details) in order to

⁴The perceptions are important as many of the women may have been forced into this relationship as a result of abductions and sexual slavery. Many Yazidi women whose children were born from ISIL fighters are rejected by their communities, especially if they do not give up their children (Arraf & Khaleel, [2021](#)).

enable less specialized practitioners to provide MHPSS services and provide intensive training and supervision to bridge the gaps in MHPSS professionals' training.

Social workers and mental health professionals should also be trained in working with people with disabilities, MHPSS considerations in social cohesion, conflict mediation, working with survivors of sexual and gender-based violence (SGBV), trauma-informed care, and peer support. The role of supervision is paramount in assisting MHPSS staff to learn from their experiences, advance their skills, and enhance the quality of their service provision. In the following sections, examples of some MHPSS needs, programs, and the role of social workers and other mental health practitioners are explored through an Iraqi case study.

9.5.1 International Organization for Migration (IOM) MHPSS Programs in Iraq

The International Organization for Migration (IOM) has developed a program to address the MHPSS needs of IDPs returning to their areas of origin as part of the Iraqi government's plan for their reintegration. The program blends elements of essential MHPSS services in line with the IASC guidelines (IASC, 2007) and in close association with program activities addressing protection, social cohesion, and livelihood needs.

The populations of Salah Al Din and Anbar governorates in Iraq experienced countless atrocities under ISIL occupation. About 480,000 individuals left Anbar governorate in 2014, while those who remained lived under ISIL control either by choice or force. IOM's (2020b) assessment of MHPSS needs of IDP families returning to their origin communities in one district of Salah Al Din governorate and two districts of Anbar governorate found that 48.1%, 83%, and 90%, respectively, reported either moderate or very strong feelings of emotional distress.

Poor living conditions and displacement were the most frequently reported causes of emotional distress, followed by traumatic experiences during displacement, loss of loved ones, traumatic experiences in the place of origin, family problems, and lack of access to basic services. Strong tribal ties and a sense of community were reported to be protective factors in efforts to achieve community reconciliation. Several community leaders disapproved of the practice of *tabri'yya*, or tribal disavowal or abandonment, for vulnerable members of their tribe, such as children, women, or the older adults.

The assessment also highlighted that while 91.7% of respondents felt supported by their families, only 47.2% felt such support from the larger communities in Salah Al Din. Similarly, in Anbar, the majority of respondents felt supported by their families in both districts (95% and 85%), but more than half of respondents in both districts reported that they did not feel supported by other community members and neighbors. Those who felt unsupported attributed this lack of support to their families' former or perceived links to an armed group or groups (IOM, 2020b).

The IOM MHPSS program targets the improvement of psychological and social well-being and the resilience of conflict-affected populations (see Chap. 5 for more details of MHPSS frameworks and different types of services). With a larger community stabilization objective, the MHPSS program is implemented in close collaboration with other social cohesion, tribal engagement, and protection activities. The synergies between these programs increase self and community efficacy, encourage the creation or reactivation of social networks, and develop tools for affected communities to deal with the past and regain hope in the future.

9.5.1.1 Suicide Prevention Program Activities

Previous research suggests that both suicidal ideation and attempts are prevalent among displaced populations around the world (Quosh et al., 2013; Aoe et al., 2016). In Iraq, the suicide rate per 100,000 persons was found to be 1.31 (1.54 for males and 1.07 for females) in 2016, with the majority (67.9%) under 30 years of age (Abbas et al., 2018). While statistics specific to camps and displacement settings are not available, cases in Dohuk governorate camps with predominantly Yezidi IDPs have garnered international attention as a result of increased advocacy and awareness-raising efforts from IOM Iraq (WHO, 2021). A national suicide prevention strategy to support the government of Iraq in systemically addressing the issue aimed to strengthen collaboration between different governmental and non-governmental stakeholders (Marzouk, 2021b). In addition, IOM developed a package of awareness-raising⁵ materials to help psychologists, psychosocial workers, and community organizers' efforts.

9.5.1.2 MHPSS Support to the Yezidi Community During the Process of Exhumation and Reburial of Genocide Victims

As described in the Iraq Case Study, the Yezidi population has been affected by the genocide of more than 12,000 people. In 2020, the government of Iraq resumed exhumation of mass graves in the Kocho and Solagh villages near Sinjar Mountain to help families identify their loved ones. An MHPSS team of social workers and psychologists provided support to impacted families throughout the process, including consultations and discussions with community members to ensure transparency about the process and to understand their needs and expectations; coordinated the formation of working groups, including the United Nations Investigative Team to Promote Accountability for Crimes Committed by Da'esh/ISIL (UNITAD), IOM's psychosocial field teams, and other NGOs active in the area to ensure synergy and coordination between activities arranged; and provided training on psychological first aid (PFA) for staff deployed to provide support to participating family members.

⁵Materials are available for download here: <https://iraq.iom.int/publications/resources-awareness-raising-suicide-prevention-mhpss>

Fig. 9.1 Men walking to the reburial ceremony in Kocho Village. (Marzouk, 2021a)



Individual MHPSS services were provided by psychologists and social workers on-site to help alleviate the distress of the bereaved families. Community support continued throughout the process of identifying victims in mass graves and, eventually, the reburial of their remains. In February 2021, a reburial ceremony took place with an estimated 12,500 Yezidi people, other Iraqi communities and tribes, Iraqi and Kurdish government representatives, and UNITAD, IOM, and other international agencies providing support in the area. IOM psychologists, social workers, and community organizers provided psychosocial support, PFA, supervision of child-safe spaces, and logistical support (Fig. 9.1).

9.5.1.3 Inclusion of People with Disabilities in Mental Health and Psychosocial Support Activities

Disability among displaced populations is especially significant given vulnerability to experience physical and mental health disabilities as a result of conflicts, exacerbated by limited access to healthcare. Iraq has one of the largest populations of persons with disabilities in the world—a statistic that ranges between 3 and 4 million people—and encompasses 15% of the population (Human Rights Watch, 2021). The United Nations Disability Inclusion Strategy (2021) and IASC (2019) guidelines recognize that MHPSS services should focus on all community members, including persons with disabilities who experience different levels of distress in humanitarian contexts. In order to ensure that MHPSS services provided to IDPs returning to their areas of origin are inclusive, IOM Iraq MHPSS services for people

with disabilities were mainstreamed within existing services to eliminate the segregation and stigmatization of people with disabilities. A range of activities to shift perceptions and raise awareness was implemented within communities to make services more inclusive, such as highlighting the diversity of experiences of disability and the barriers, including stigma and legal challenges, associated with ability status. In addition, efforts were made to improve the accessibility of MHPSS centers, including the provision of accessible transportation, roads, and streets. Other service components in support of people with disabilities included collecting disaggregated data on disability to inform program development; increasing the representation of volunteers, community focal points, trainers, and other professionals with disabilities in community response teams to set an example for other fields to include persons with disabilities; and integrating the results of consultations with disability advocacy organizations into project proposals and development to ensure that proposals are well informed about barriers and priorities of people with disabilities.

9.6 Conclusions

Return and reintegration is a complex process that should be approached with care. Inclusion of all groups affected by conflict and displacement in policy and program design and implementation should be prioritized to ensure that peace is sustainable and reintegration of the displaced persons is successful. Social workers can play a crucial role in advocacy, awareness raising, policy and program design, and the support provided to individuals and families that use inclusive, rights-based, and integrative approaches on all levels of practice.

9.7 Reflections, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. Why are reintegration and repatriation a durable solution for refugees and IDPs? Why are they not?
2. What are the key considerations when repatriating refugees and IDPs? Under which conditions should the displaced populations never be repatriated?
3. What are indicators of successful return and reintegration?
4. In what ways can indigenous and returnee communities be integrated in planning, coordination, and implementation of repatriation and reintegration activities?
5. What are the roles of social workers in supporting returnees, IDPs, and indigenous communities integrating returnees?

6. How can indigenous knowledge and skills be used in creating social cohesion in the community and repairing any broken trust between returnees and indigenous communities?
7. How can empowerment, person-in-environment, rights-based, and anti-oppressive approaches that guide the social work profession be integrated in the repatriation, reintegration, reparations, and reconciliation processes in post-conflict societies?

9.8 Pedagogy Suggestions for the Course Instructor

Simulation of Peace Negotiations

In order to understand the complexities of planning for the return and reintegration of refugees and internally displaced persons, a simulation similar to the peace-mediation process may be helpful for students. Various cases on the website of the US Peace Institute⁶ provide background and context of negotiations and describe the roles of each party. A simulation can be used to specifically focus on the protection of refugees' and IDPs' rights, safety, and security in the return and reintegration processes.

The instructor can choose any of the scenarios presented on the US Institute of Peace website or create a new scenario that includes the background of a conflict, the number of people who have been affected, the impact the conflict has had, and the major grievances of various affected population groups. This assignment and its associated roles can be distributed a week prior to the simulation so that students have time to do additional research and prepare accordingly. The actual assignment of the negotiation should assume that a peace deal has been reached between parties, but negotiations on post-conflict reconstruction are ongoing. Each party should present their plan for reconciliation and reconstruction from their group's perspective. See the guide for using the simulation from the Peace Institute for the ideas and tasks.⁷

During class, groups can meet for 10–15 min to discuss their strategy before facilitating a role-play. The role of facilitator or mediator for the negotiations should be assigned to a student, or the instructor can facilitate the process. The aim of this exercise is to devise a peace deal that would be inclusive of all groups and facilitate the conditions that would be most desirable for sustainable return and reintegration of displaced persons. However, remember that each party will act according to their own interests. It is suggested that representatives from the following groups or parties are included in the simulation: government; the opposition parties; internally displaced persons; refugees outside the country; the United Nations and outside

⁶ United States Institute of Peace: <https://www.usip.org/simulations>

⁷ US Peace Institute Guide for using the simulations: <https://www.usip.org/sites/default/files/files/Guide-To-Using-Simulations-Instructions.pdf>

mediators; human rights organizations; accepting communities; social welfare and other civil society organizations working with various population groups, such as children, women, people with disabilities, older adults, etc.; and ethnic, religious, and other identity-based minority groups (if the conflict context is related to identities).

After the simulation, 20–30 min should be devoted to debriefing and connecting takeaways from the exercise to the larger topic of reconstruction, reconciliation, and reintegration. The following questions could facilitate the discussion:

- What has been learned in the simulation process, and what has been achieved?
- Have the parties been able to come to a sustainable solution for reconstruction?
- Who and what has been left out?
- How was the process affected by stakeholders?
- If social workers would have represented each of the parties, what values and principles of the field of social work would have guided this process? How would the outcomes be different?

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Part II

Clinical Needs and Responses

Chapter 10

Clinical Social Work Practice with Forcibly Displaced Persons Grounded in Human Rights and Social Justice Principles



S. Megan Berthold

10.1 Introduction

At the end of 2020, 82.4 million people, more than 1% of humanity, were forcibly displaced around the world (UNHCR, 2021). Social workers are increasingly likely to come into contact with forcibly displaced persons in a variety of practice contexts. The terms *forcibly displaced persons* and *the forcibly displaced* are used in this chapter to encompass refugees, asylum seekers, and other migrants who were forced to leave their home or home areas “as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order” (UNHCR, 2021) to seek refuge and safety elsewhere. This chapter will provide an overview of key historical conventions, frameworks, and principles relevant to this area of practice. De-identified cases of forcibly displaced persons will be presented and used to illustrate best micro, mezzo, and macro practices with this population grounded in human rights, social justice, and ethical principles. Contextual factors will be explored that can significantly influence the understanding and application of these principles. Challenges in implementing responses in emergency contexts and when working in contexts that are different from those in which practitioners have been trained will be presented, such as the inappropriateness of trying to apply “universal” constructs and approaches where they do not fit.

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10.2 Overview of Key Historical Conventions, Frameworks, and Principles

Social work practitioners working with forcibly displaced persons should ensure that their work is guided by human rights conventions particularly relevant to this population. One key declaration, a convention, and two compacts are noted here, but interested readers are encouraged to see Chap. 3 for more details about a fuller range of relevant conventions, frameworks, and principles.

The International Association of Schools of Social Work (IASSW) Global Social Work Statement of Ethical Principles (2018) provides essential international ethical principles and standards intended to guide social work practice, including clinical practice. Social workers should be familiar with and follow their local professional association's standards. For social workers practicing in the United States, this would be the US National Association of Social Workers (NASW) Code of Ethics (2021). Key social justice sections of these documents relevant for practice with forcibly displaced persons, including refugees and asylum seekers, are identified below.

Two case vignettes of forcibly displaced persons are presented, and principles of rights-based practice as articulated by social work practitioner scholars are reviewed. These include an integration of trauma-informed and human rights approaches, which is especially relevant for working with forcibly displaced persons as they typically experience multiple and prolonged traumas that clinical social workers must address.

10.2.1 *Key Declaration, Convention, and Compacts Related to Forcibly Displaced Persons*

While the rights of refugees are discussed in Chap. 3, additional instruments ensuring human rights to persons in general and migrants specifically are presented here. The Universal Declaration of Human Rights Article 13 states that “(1) Everyone has the right to freedom of movement and residence within the borders of each state. (2) Everyone has the right to leave any country, including his own, and to return to his country” (United Nations General Assembly, 1948). Social workers who serve forcibly displaced persons, such as those who flee from gang violence or torture in their homelands, are quite familiar with many who have had to clandestinely escape their countries for fear of being killed, detained, tortured again, or otherwise harmed. Many countries make it hard to leave, or they criminalize and punish those who do, including those who leave and are later deported back to their home countries (Alpes et al., 2017). Such realities underscore the importance of effective implementation of protections for forcibly displaced persons.

The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (United Nations General Assembly, 1990)

entitles migrant workers with protection of their human rights. It also describes the common experiences of dehumanization and human rights violations of migrant workers and their families. Social workers have a long-term ethical obligation to protect the human rights of migrants and their family members (United Nations, 1994), even when their country, such as the United States, is not a party to this convention.

More recently, two international rights-based compacts were adopted by the United Nations General Assembly in 2018: (1) the Global Compact for Safe, Orderly and Regular Migration (GCM) (United Nations, 2018a) and (2) the Compact on Refugees (United Nations, 2018b). While nonbinding, these compacts aimed to relieve burdens on host countries and establish common goals and enhance global cooperation on international migration (see Chap. 3 for more details).

10.2.2 Social Justice and Its Core Principles for Social Work Practice

Challenging social injustices wherever they exist and advocating for systemic change to promote social justice for all are among the fundamental ethical responsibilities for all social workers in the United States and internationally (IASSW, 2018; NASW, 2021). The IASSW's third ethical principle directs social workers to promote social justice through challenging discrimination and institutional oppression (principle 3.1), demonstrating respect for diversity (principle 3.2), advocating for access to equitable resources (principle 3.3), challenging unjust policies and practices (principle 3.4), and building solidarity (principle 3.5) (IASSW, 2018). Related to its value of social justice, the NASW Code of Ethics charges social workers in the United States with challenging social injustice and pursuing social change "with and on behalf of vulnerable and oppressed individuals and groups of people" (NASW, 2021, 2nd ethical principle). This would encompass forcibly displaced persons, including child migrants. In 2020, the NASW national office listed immigration as one of its top five social justice priorities on its website, where it provided a toolkit and other advocacy materials regarding child migrant protection (NASW, 2020).

While some have argued that clinical social workers are too focused on providing psychotherapy to individuals, others note that by breaking down the divide between micro and macro practice and utilizing their expertise from their direct practice work to contribute to social change, clinical social workers may deeply contribute to the promotion of social justice (Kam, 2014). In doing so, they must go beyond the focus on individual rights and truly challenge the factors that contribute to social problems and combat social control (Morgaine, 2014). For example, macro work may include global advocacy for human rights protection of forcibly displaced persons and responsibility sharing among countries or, within a given country, ensuring that policies related to the rights of refugees and other forcibly displaced

persons are effectively implemented. Community integration and support, ensuring that organizations have adequate capacity, and utilizing trauma-informed, culturally sensitive practices are examples of important mezzo work. Dotolo et al. (2018) suggest that through the incorporation of recognition theory¹ into their practice, clinical social workers are able to link the individual experiences of their clients with their clients' social positions, as well as larger social structures and forces. Such an approach also promotes practitioners' engagement in critical reflection of their own practice and social positions and in making a commitment to promoting social change.

10.2.3 IASSW Global Social Work Statement of Ethical Principles and NASW Code of Ethics

Fundamentally, advocating for persons regardless of their immigration status and ensuring keen attention to cultural and social diversity are examples of social work practice grounded in social justice and human rights principles and professional ethics. The IASSW's (2018) Statement of Ethical Principles emphasizes the importance of promoting human rights, as well as social justice and equality, as two of its core eight principles. It explicitly states that social workers should embrace the promotion of the rights protected in the Convention relating to the Status of Refugees and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. Further, IASSW's statement stresses that social workers should embrace "a commitment to doing no harm, social justice, recognition of the inherent dignity of humanity and to the universal and inalienable rights of people" (IASSW, 2018, para. 2).

Similarly, the NASW (2021) Code of Ethics calls upon social workers to advocate for the prevention and elimination of discrimination against noncitizens, regardless of their immigration status (section 6.04[d]). Competent social workers must also have a strong awareness of and ability to apply knowledge of cultural and social diversity from a strengths-based perspective in their work with forcibly displaced persons (NASW, 2021, section 1.05).

These core ethical principles and standards are valuable guides for clinical social work practitioners who work with the forcibly displaced and for engaging with communities that host them, as well as for establishing programs, policy development, and research related to these populations.

¹Recognition theory focuses on both overt and more subtle and overlooked forms of oppression manifested in disrespectful interpersonal actions and statements. It aims to link these dynamics to oppressive societal norms and identify them as unjust (Dotolo et al., 2018). Whether society values people and groups differently based on their identity; how this is expressed in social interactions; and how belief systems, social policies, institutions, and laws reflect such interactions are core issues addressed by recognition theorists.

10.3 Case Studies

The following de-identified composite cases from the author's clinical and forensic practice will be drawn on later in the chapter to illustrate several key components of clinical practice grounded in human rights and social justice principles.

10.3.1 *Anna: Too Afraid to Go Outside*

Anna, a 27-year-old woman, was referred to a clinical social worker, Sarah, by her roommate, who was worried because Anna was withdrawn, too afraid to go outside the apartment, and locking herself in her room, only emerging late at night to eat. Anna had lost considerable weight, sobbed frequently, and often screamed in her sleep. The roommate was worried about Anna's health and told the social worker, "Anna is not the same as when I knew her back in our country. We were in university together. She was outspoken and very social. She told me she became a political prisoner. What happened to her?"

As the roommate was unable to persuade Anna to go to the social worker's agency, Sarah engaged in a series of home visits over several months. At the first visit, Sarah sat on the floor in the hallway outside of Anna's locked room and, after the roommate introduced her, spoke gently with Anna through the door. Sarah focused on explaining who she was and why she was there, including that Anna's roommate was concerned about her well-being. Sarah slowly explained her role and that she worked with many women who had left their homelands, come to the United States, and were experiencing a lot of stress. She also emphasized that Anna had a lot of rights and did not need to agree to meet with Sarah unless she wanted to. Sarah discussed informed consent for services, confidentiality and its limits, and privacy practices in a conversational way with Anna, who became engaged in asking questions about the information that was being shared.

Gradually, Anna revealed a little about herself, including that she used to like to garden, had been a competitive runner, and studied literature in her country. By the end of the first home visit, Anna opened the door a little to look at Sarah. She shoved a paper into Sarah's hand—an order to appear in immigration court. "I'm afraid," whispered Anna. "I can't sleep. I keep seeing them attacking me. I'm afraid they'll send me back. I can't talk about it." She was staring at the floor with her arms wrapped around her torso, but suddenly she jerked her head up. "I can't go back!" she screamed, looking straight at Sarah with widened eyes and her hands in fists raised by the side of her head.

Sarah calmed Anna down, guiding her through diaphragmatic breathing techniques used by many competitive runners, with which Anna seemed familiar and comfortable. Sarah reassured Anna that she routinely worked with people who had gone to immigration court and been successful in their cases. Sarah reflected that she could see that losing her case and being sent back to her homeland were major

concerns for Anna, but that Anna felt she could not talk about it. Sarah suggested that they first focus on what was most important to Anna—and Anna identified that she wanted to be able to sleep and feel safe outside of her room.

On the second visit, Anna invited Sarah into her room. Anna found that meditation, yoga poses to induce relaxation, and visualization exercises (including visualizing a safe place) helped her to fall asleep better, including when she awakened with a nightmare. After a few visits, Sarah invited Anna to go outside to look at the flowers in the garden next to the apartment building. Anna agreed, as long as her roommate could join them, as she felt safer with her by her side. Soon, Anna and Sarah began to take walks and look at other gardens in the neighborhood, and eventually, her roommate helped her check out literature from their local library.

After a few months, Anna was functioning better and was able to talk about court. Gradually, over the course of a number of months, Anna told Sarah that she had been imprisoned and tortured, including gang raped, by police in her country who targeted her because she had been an activist fighting for women's rights.

Sarah connected her with a female immigration attorney and attended the first meeting, as Anna still had great difficulty trusting strangers. Sarah, along with her agency's physician, eventually wrote a statement to the judge presiding over Anna's case that was filed by her attorney. The statement indicated their professional opinions that Anna needed more treatment before she would be able to effectively work with her attorney and testify in court for her asylum case.

10.3.2 Carlos: Detained at Age 6 and Suicidal

Carlos, a 6-year-old boy from a Central American country, was detained in the United States when he crossed the border with his parents. He was separated from his father by the authorities, and he was locked up in a detention center with his mother and other detained families. Carlos' mother, Ava, shared her concerns about her son with a volunteer lawyer who met with her in detention. She explained that Carlos did not understand why he could not see his father. "I have no answers for him," Ava explained. "He keeps asking me when we can be together with Daddy. For the past month he refuses to get up and go to breakfast or bathe. I have to force him. Last week he told me he wanted to die, and I caught him in our closet with my belt. I'm afraid. I told a couple of guards, but no one listens. They told me that Carlos is just a little kid, and he won't hurt himself, and he'll get over it and forget about his father soon."

The lawyer arranged for an outside social worker, Maria, to be granted entry into the facility to assess Carlos and Ava. Maria found that Carlos had active suicidal thoughts and was not being provided with appropriate mental health care and that various suicide warning signs had been ignored or minimized. Ava told Maria that she had stopped telling the guards about Carlos as she did not trust them. Ava indicated, "The guards haven't done anything to help when I told them that my son wanted to die. Instead, they have threatened to deport me if I cause too much trouble

or separate me from Carlos. He already lost his daddy and I worry what would happen if he loses me too!”

10.3.3 Key Principles of Human Rights and Social Justice in Action in Practice with Forcibly Displaced Persons

Several social work practitioner-scholars have articulated key principles of practice with forcibly displaced populations that derive from human rights conventions, declarations, and covenants, as well as social work theory, values, and ethics. Rights-based social workers who practice with refugees, asylum seekers, and other forcibly displaced persons should ground their practice in these principles.

Androff (2016a, 2018) lays out five principles of a human rights-based practice broadly relevant to all social work practice. These include (1) human dignity and (re)humanization, (2) nondiscrimination and focus on the historically and socially excluded, (3) participation and engagement, (4) transparency and truth-seeking, and (5) accountability and human rights culture. Such an approach, in turn, will advance our efforts toward achieving social justice.

Social workers are charged by the Code of Ethics to respect and promote the dignity and worth of every person and community. Androff (2018) expands on this by stating the following:

This includes engaging with people not as passive objects of charity, recipients of aid, or needy vessels awaiting professional intervention but rather as fully realized subjects, full of capabilities, potential, and human rights. To respect people’s human dignity, practitioners must respect their self-determination. (p. 181)

For many forcibly displaced persons who have been dehumanized by their perpetrators, this would involve efforts to rehumanize them, such as through narrative and storytelling of their life experiences.

Social workers also must work to prevent and combat discrimination based on any grounds, with keen attention to those who have been excluded, including the forcibly displaced, and must attend to culture and seek to lessen or eliminate interpersonal power differentials in clinical and other contexts. Some of the actions taken by Sarah in the case of Anna, such as conducting home visits and sitting outside Anna’s door to talk with her, illustrate efforts to lessen power differentials in the therapeutic relationship.

Ensuring authentic and genuine, rather than token, participation of the people with whom they work should be central to the practice of social workers. The participation of affected communities is both their human right and a means to achieving other rights. Forcibly displaced persons often have experienced atrocities and violations that disempowered them, and social workers should counteract that by using a strengths-based and empowerment approach by including them in the decisions that affect their lives and well-being, including in the work itself. For example, in the case study of Anna, having her lead the focus of the work together by

postponing addressing her trauma and court case until she was ready was one way of protecting Anna's right to self-determination regarding her treatment. Despite the pressing nature of her immigration hearing, it was essential for Sarah, operating from a trauma-informed lens, to first establish a sense of safety and trust before engaging in trauma-focused treatment. Anna was presented with the likely impact of delaying her immigration case—a lengthy wait before she would know if she were granted asylum—and was supported by Sarah, in collaboration with Anna's attorney, to make a fully informed decision. Ultimately, Anna decided that going to court prematurely without being able to effectively testify and have her voice heard would jeopardize the outcome of her case and her well-being.

Transparency is relevant to all system levels of social work practice (i.e., micro, mezzo, and macro). As it relates to clinical social work practice with forcibly displaced persons, transparency involves an in-depth attention to assessment, including documenting human rights violations and building evidence; researching which rights-based interventions are appropriate and effective for specific forcibly displaced populations, which is sometimes a challenge given the relatively limited literature in this area; and thoroughly evaluating and monitoring one's practice. Androff (2018) argues the following:

On a deeper, more personal level, it requires transparency within ourselves and with each other. Social workers should incorporate reflexivity in practice, in relationships, and in interactions. This recalls the Eleanor Roosevelt quote 'human rights begin ... in the small places, close to home...unless they have meaning there, they have little meaning anywhere'. (Roosevelt, 1958, p. 182)

Clinical social workers have much to contribute to interdisciplinary and macro practice efforts, bridging the micro-macro division in our profession (Androff & McPherson, 2014). This connects with the principle of accountability in rights-based social work practice, such as increasing access to and strengthening the rule of law and promoting justice and a culture of human rights (Androff, 2018). This may take the form of advocating for immigration reform that is humane and promotes the rights of the forcibly displaced or developing a social-legal service model for detained children and adults (Androff & Tavassoli, 2012; Androff, 2016b). The expertise and direct practice experience of clinical rights-based social workers with this population is invaluable to such efforts.

Core principles of a rights-based approach to clinical social work practice as conceptualized by Berthold (2015) include reframing needs as entitlements or rights, operating from a stance of cultural humility and intersectionality, fostering a therapeutic relationship and reconstructing safety, providing trauma-informed care, and drawing from the recovery model² and a strengths and resilience orientation. While these principles are important foundations of work in all social work practice,

²The recovery model is consonant with social work ethics and a rights-based and social justice approach to practice, focusing on the strengths, abilities, value, and worth of all. The recovery model aims to empower and promote the self-actualization of the historically disenfranchised (NASW, 2006) such as the forcibly displaced.

the experiences of forcibly displaced populations are particularly relevant to some of these approaches.

The experiences of refugees, asylum seekers, and other forcibly displaced persons often involve gross violations of their human rights, such as being forced into becoming a child soldier, torture, atrocities committed against civilians during war, gang violence, and genocide. A Physicians for Human Rights report in 2020 concluded that family separation in the context of seeking asylum constituted torture (Habbach et al., 2020). Reframing needs as entitlements or rights often is a vital part of establishing a trusting and therapeutic relationship with survivors who have had their rights denied, dehumanizing them in the process.

Rights violations often involve situations in which forcibly displaced persons, their families, or their communities were placed in danger, and the experience of migration itself typically involves contexts that are not safe. Therefore, it is essential to reconstruct as safe an environment as possible within the therapeutic relationship in order to engage in trauma work and promote the healing and well-being of survivors, while minimizing the risk of re-traumatization. The promotion of safety should extend beyond the micro realm. The development of programs should be robustly informed by the communities they serve, and agency policies must meet the needs of their clients. Advocacy is needed in many contexts for changes to the policies of larger systems that affect the lives of the forcibly displaced or threaten the establishment of restorative environments. Social workers have provided and should continue to provide trauma-informed trainings to those with decision-making authority over immigration status and join with others, such as the Physicians for Human Rights Asylum Policy Working Group (2021), to advocate for trauma-informed and humane immigration systems and policies.

While forcibly displaced persons who engage with clinical social workers often do so after they have fled from their homelands and the precipitating persecution or traumatic experience, it is important for practitioners to understand that the survivors they work with may continue to be in unsafe or threatening environments. Survivors may be in deportation proceedings and fear being sent back to their homelands where they may face further persecution and harm. They may have loved ones back home who are still in great danger. They may face continued harm or threats in the new country from agents of their home country or from others, such as organized gangs or traffickers. They may be homeless, lacking shelter and adequate food, and vulnerable to attack. Clinical social workers must be aware of and advocate for the promotion of the rights of forcibly displaced children, including their rights to health and rehabilitation (Berthold & Libal, 2016). Social workers should also be involved in changing the narrative to reduce hostilities in some host communities that integrate refugees.

Given the past and often ongoing traumas experienced by forcibly displaced persons, clinical care must be trauma-informed and attend to safety concerns. In the case study of Carlos and his mother Ava, both mother and son have experienced significant trauma, and the active suicidality of Carlos and possible deportation of Ava pose safety concerns. Maria, their social worker, must approach her work in a trauma-informed way with keen attention to safety. One of the first steps Maria took

was to advocate for appropriate suicide risk precautions and mental health care for Carlos, and with Ava's consent, she informed her attorney of Ava's concerns about the guards threatening to deport her or separate her from her son.

In addition, whether the clinical social worker shares or does not share the cultural identity of the person or family they are serving, approaching their work with cultural humility that recognizes the individual differences and intersectional identities of each person is essential to providing appropriate care. See Chap. 12 for more information on the intersection of culture and trauma, particularly for social workers working with diverse cultural groups.

Forcibly displaced persons, like all others, have great strengths and generally exhibit tremendous resilience, as epitomized by their ability to survive and persevere after significant trauma and navigate escape from their homeland. At the same time, they may have difficulty functioning or diminished functioning in one or more domains of their life, and they may live with significant symptoms of physical or psychological distress. Clinical practitioners should certainly assess for and address the suffering and clinical distress of the forcibly displaced survivors with whom they work, but they should also draw from the recovery model and a strengths and resilience orientation (Berthold, 2015). In the early weeks of treatment, Sarah drew on some of Anna's strengths as a runner, gardener, and student of literature to reconnect her with things she had been passionate about and with her pre-torture identity as they worked together to reestablish Anna's functioning and well-being.

Butler et al. (2019) advocate for the integration of trauma-informed and human rights (TI-HR) approaches in social work practice. This is particularly well-suited to work with refugees, asylum-seekers, and other forcibly displaced persons given the pervasive cumulative experience of trauma (often multiple and prolonged traumas) common in these populations (Kim et al., 2019). Key components of a TI-HR approach with forcibly displaced persons are establishing therapeutic relationships and environments that are not re-traumatizing (Berthold, 2015); avoiding "medicalizing" the impact of political trauma and pathologizing survivors (Blackwell, 2007); supporting their capabilities and engaging the existing strengths, including traditional and psychosocial supports; and grounding one's work in cultural humility, respecting and incorporating religious, gender, cultural, and other aspects of survivors' identities in the treatment.

10.4 Relevant Challenges in Application of Human Rights and Social Justice to Practice

Clinical social workers often face a host of challenges in their efforts to apply a human rights and social justice orientation to their practice. Among these challenges are a mismatch of the practice context with the clinician's training (e.g., different standards regarding confidentiality and informed consent, cultural differences), implementation challenges in emergency contexts, challenges related to the

provision of services and benefits to forcibly displaced persons in the context of low-resource countries, and the tensions between a universalist versus cultural relativist frame when resolving ethical dilemmas.

10.4.1 Challenges Related to Clinical Practice Professional Standards and Training

Informed consent, and clinical social work services and confidentiality more generally, are foreign concepts for many refugees, asylum seekers, and other forcibly displaced persons who come from countries and communities where professional ethical standards do not include these practices or where clinical social work is scarce, nonexistent, or inaccessible. In the author's experience, many forcibly displaced persons have never heard of a social worker or received clinical services from a social worker or any other mental health professional. If they are familiar with mental health services, they often perceive that such services are only appropriate for a person who is experiencing an obvious episode of psychosis and who has severely compromised functioning. To engage with this perspective, it is important to frame clinical social work services in a non-stigmatizing fashion and to focus on its promotion of social justice and human rights. With those whose life experiences or prior relationships have not included the expectation of confidentiality and whose trust and confidences have often been betrayed in the context of persecution or other traumas, it can be hard for them to trust or understand the idea of confidentiality in a clinical social work setting. Some survivors, instead, forgo confidentiality deliberately. One torture survivor who had experienced many years of imprisonment and torture for being a spokesperson for his political party insisted that he did not want this author to keep what he shared about his torture or its effects confidential. He wanted the world to know what had happened to him and other political dissidents in his country. This author explained to him that he would be in control over what was and was not shared, with whom, and when. He chose to speak publicly about his torture on several occasions as a way to reconnect with his pre-torture identity, as an anti-torture activist and as part of his healing process.

Clinical social workers trained in the United States and in some other countries are taught to make obtaining informed consent from the people they serve a priority and an obligation, as a matter of ethics. They may assume that this is a universal construct and requirement for all clinical social work practice. The NASW Code of Ethics (2021), Ethical Standard 1.03, covers Informed Consent and includes the provision of a qualified interpreter to ensure comprehension. Other sections of this standard cover situations in which the client does not possess the capacity to provide informed consent, involuntary services are provided, technology or recordings are used in the delivery of services, and third parties are allowed to observe services.

Ensuring that the details of informed consent are discussed in a manner and language that is understandable to the person being served is vital to a rights-based

approach to clinical social work, not only with the forcibly displaced but also with all populations (Berthold, 2015). It is not always easy to determine the meaning of granting consent or who may give consent in some contexts. The most appropriate granter of consent may be the individual themselves, the head of the family, the family as a whole, or an entire community. For example, in the case of forcibly displaced families separated at the southern border of the United States, who would give consent for the separated minors? Their parent(s) may not be easy to locate or may have been deported, and if so, an alternative legal guardian may not be present. These decisions can be challenging in terms of ethics and human rights if the possibility of parental consent has been taken away.

Social workers sometimes practice in countries and contexts where the standards of ethics and practice may differ considerably from those where they trained. This author was a new social worker, trained in the United States, and supervising paraprofessional counselors in a displaced person's camp in Asia quite some years ago. One counselor was working with a multigenerational family with whom he shared the same cultural background. The counselor learned that the grandmother of the family was dying of an inoperable brain tumor. Having been raised in a society where confidentiality, informed consent, and self-determination were all reinforced by the NASW Code of Ethics, this author was initially shocked to find out that the local physician had told the family about the grandmother's diagnosis and prognosis that she had less than 3 weeks to live without telling the grandmother. The counselor and local doctor made it clear that this was standard practice in both their cultures and in the current host country and that they had no intentions of telling the grandmother that she was dying. Further, the counselor explained that as Buddhists, the grandmother's family believed that her state of mind at the moment of death was important in determining her rebirth. They felt that knowing that she was dying would cause her to be afraid and distressed, but her mind needed to remain calm. Ultimately, local standards and the grandmother's and her family's cultural beliefs guided the care.

Social work with forcibly displaced persons may also involve practicing in non-Western contexts that have different models of practice, such as community-based practice that engages a broader community in providing care or practice that does not rely on practitioners explicitly trained in mental health (Patel & Hanlon, 2018). Clinicians may encounter the lack of private spaces for their work, such as in refugee camp settings; the incorporation of locally trusted and culturally syntonetic practices, such as this author's work with traditional healers in a displaced person's camp; or the challenges of finding appropriate interpreters who are not family members or untrained community members (Berthold & Fischman, 2014).

10.4.2 Challenges Related to Host Community Contexts

The provision of services in the context of low-resource countries in which the local population may experience similar issues to those of the forcibly displaced (e.g., lack of adequate clean water, food, housing, safety, education, employment) may

also challenge principles of social justice and human rights. Countries that host forcibly displaced persons, or local communities where they reside, often experience strain on their resources, particularly when the situation is protracted or there is a sizable number of those forcibly displaced (see Chap. 8 for a case discussion of Turkey, where initial support for displaced persons declined over time as a result of economic challenges). These circumstances, as well as increased competition for jobs or perceived cultural threat, may lead to violence, discrimination, and other adverse consequences for the forcibly displaced in some contexts, such as in high-income Western countries. Conversely, relative support for these populations, despite these economic pressures, has been seen in other countries, such as in Jordan where humanitarian concerns and cultural similarity resulted in more positive attitudes toward Syrian refugees (Alrababa'h et al., 2020).

There may also be challenges to the implementation of policies in emergency contexts, such as challenges in refugee camp settings related to collaboration and coordination between humanitarian organizations, or between government military and police personnel who may be responsible for security in the camp. This was the situation in a case of alleged murder for cannibalism aboard a boat transporting Vietnamese refugees after their engine broke down and refugees had started to die of dehydration and starvation (Berthold, 2014). The alleged perpetrators were held in two makeshift jails in a refugee camp in a country in Asia with tight restrictions on access. When this author arrived in the camp to work with a local nonprofit agency providing clinical and case management services, she and her local colleagues were initially denied access to the alleged perpetrators, one of whom was a minor, despite reports that some may be suicidal. It was only after weeks of negotiations and overcoming the suspicions of the camp's military commander regarding the motives of the clinician—exacerbated initially by cultural differences in communication styles and stigma surrounding mental health in the local culture—that the commander allowed the clinician to assess the alleged perpetrators and provide clinical care. In addition, the alleged perpetrators' right to access justice was denied as the alleged incident happened in international waters, and despite the efforts of the United Nations High Commissioner for Refugees, no country agreed to hear the case in court. Access to justice is recognized internationally as a human right and foundational principle of the rule of law and a means to safeguard other universal human rights (United Nations, n.d.). Without access to justice, people's ability to confront discrimination and hold others accountable are compromised or denied. As indefinitely detaining the alleged perpetrators was untenable and a violation of their human rights, a phased reintegration of the alleged perpetrators back into the camp community was orchestrated (Berthold, 2014).

10.4.3 Challenges Related to Cultural Orientations

To resolve ethical dilemmas, social workers are often encouraged to apply an “ethical principles screen,” which creates a hierarchy of ethical principles such that, for example, the protection of life must be prioritized over safeguarding confidentiality

and promoting self-determination (Dolgoff et al., 2005, p. 65). Healy (2007) critiques social work codes of ethics and the ethical principles screen as being heavily oriented to an individualistic cultural perspective and not attending to the communalist perspective that is relevant for many people and cultural groups, including many forcibly displaced persons.

When faced with the ethical dilemma of respecting their client's culture and their own professional ethics, clinical social workers who work with forcibly displaced persons can be caught between the perspectives of universalism and cultural relativism. Healy (2007) discusses examples of the rights of women in the context of intimate partner violence, reproductive options, poverty alleviation, and female genital mutilation in relation to issues of self-determination, nondiscrimination, and equality. She recommends that social workers adopt a moderately universalist stance in these circumstances, an approach at the midpoint between universalism and cultural relativism that values human rights and diversity (Healy, 2007). All people are entitled to all of the protections, rights, and responsibilities encompassed in UN human rights treaties and mechanisms, including cultural rights. A cultural relativist approach to social work practice would further universal rights and also promote the preservation of culture as much as possible.

Healy (2007) recommends that social work professional bodies in different countries consider developing ethical screens that incorporate hierarchies of universal values that are culturally relevant for their contexts. Further, she suggests that social workers may move along the continuum between universalism and cultural relativism, depending on the circumstances of specific cases, while ensuring that they do not violate human rights in the name of cultural relativity. Navigating culture in clinical work can be challenging; as aforementioned, see Chap. 12 in this book on the intersection of culture and trauma for more insights and best practice guidelines.

10.5 Overview of Best Practices

Best practices for clinical social work grounded in social justice and human rights draw on an array of ethical and practice principles, as well as the international human rights laws and mechanisms discussed above. The key principles of practice with forcibly displaced populations that come from human rights conventions, declarations, and covenants and social work theory, values, and ethics should center and drive the clinical work (Androff, 2018; Androff & Tavassoli, 2012; Berthold, 2015; Kim et al., 2019). Best clinical practices with forcibly displaced persons must emphasize promoting human dignity and (re)humanization; nondiscrimination and a focus on the historically and socially excluded; participation and engagement; transparency, truth seeking, and accountability; reframing needs as entitlements or rights; cultural humility and intersectionality; fostering a therapeutic relationship and reconstructing safety; the provision of trauma-informed care that does not

pathologize survivors; and drawing from the recovery model and a strengths and resilience orientation.

Clinical social workers are encouraged to not just assess the individual and/or their family but also engage in assessment from a mezzo (community) and macro lens when working with forcibly displaced persons. For example, a practitioner who includes a macro human rights and social justice perspective in the context of humanitarian or refugee emergencies would consider sustainable long-term approaches of support rather than more narrowly focusing only on emergency services. This might include advocating for providing refugees with more mobility and access to resources, pathways to citizenship that would in turn provide refugees with more access to rights and resources, and the vaccination of refugees along with native populations in the context of the COVID pandemic. See Chap. 4 for more information on sustainable approaches to humanitarian coordination and response.

As discussed earlier, identifying and working through ethical dilemmas in the context of a social justice and rights-based clinical practice may be enhanced by a moderately universalist stance, as outlined by Healy (2007). Such an approach operates at the midpoint between universalism and cultural relativism and attends to the practice setting and culture of the client. In addition, best practices would also adhere to accepted social work standards of care, which is defined as “what a typical, reasonable, and prudent (careful) practitioner with the same or similar education and training would have done under the same or similar conditions” (Reamer, 2014, para. 7). In complex situations, it may be difficult to determine what is typical, reasonable, and prudent. Social workers are encouraged to take the following steps when confronted with an ethical dilemma:

- Identify the social work values, duties, and obligations that conflict.
- Tentatively identify all viable courses of action and the participants involved in each, along with the potential benefits and risks for each.
- Thoroughly examine the reasons in favor of and opposed to each course of action, considering relevant personal and professional values, codes of ethics and ethical standards, ethical theories, and legal principles.
- Consult with thoughtful colleagues, supervisors, and ethics experts.
- Make the decision and document the decision-making process (Reamer, 2014, para. 12).

Clearly, clinical social work with forcibly displaced persons is a complex and challenging area of practice. Given the violations to social justice and human rights that many have experienced, effective practice must be committed to restoring and promoting their rights and justice. Social workers will benefit from strong ongoing supervision, continuing education, and consultation with colleagues working in this area of practice. McPherson and Abell (2020) have developed the Human Rights Methods in Social Work (HRMSW) scales that practitioners may use to assess and measure how rights-based their own practice is. This can be a valuable tool for practitioners as they reflect on and strive to strengthen the rights-base of their work.

10.6 Conclusion

Social workers should ground their clinical practice with forcibly displaced persons in the principles and best practices of human rights and social justice. In doing so, they will be better prepared to contribute to international and local responses to humanitarian crises with these populations in ways consonant with our ethical and professional responsibilities.

This chapter presented core areas of knowledge and skills needed by social workers who adopt a human rights and social justice approach to clinical practice with forcibly displaced persons. These areas encompass key human rights conventions and mechanisms, as well as human rights and social justice principles relevant to practice with this population. Practitioners must develop knowledge and skills to assess human rights and social justice issues relevant to individuals, families, groups, communities, and broader systems. They must adopt trauma-informed and culturally responsive practices, and they must ensure that their practice is rights- and social justice-based throughout.

Clinical social work practice with forcibly displaced persons can be very rewarding, but it also calls on the practitioner to have keen self-awareness of the impact of the work on themselves and to develop skills and strategies to promote their own well-being (see Chap. 14 for a fuller discussion on the necessity for practitioners to develop such skills). Without an awareness of vicarious trauma and an effective plan in place to prevent or address it, practitioners may be at risk of experiencing its negative effects, which may adversely affect the services that they provide to this population (Berthold, 2020). Thankfully, practitioners also have the opportunity to experience vicarious resilience from this work (Berthold, 2020; Hernandez-Wolfe et al., 2015). Practitioners often are transformed by witnessing and connecting with the joy and hope of their clients, and they have the opportunity to grow both professionally and personally in the process (Hernandez-Wolfe et al., 2015). With the large numbers of forcibly displaced persons in the world and the anticipated increase of the forcibly displaced due to climate change (UNHCR, 2021), there is a need for more clinical social workers to specialize in working with this diverse population. A strong grounding in social justice and human rights and the ability to translate that knowledge into practice interventions are essential for this work.

10.7 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. How might grounding your social work practice with forcibly displaced persons in a human rights and social justice base look different from your current approach and/or from traditional practice? Reflect on this related to micro/clinical, mezzo/community, and macro practice.

2. How might you explain your role as a clinical social worker and the concept of confidentiality to a new forcibly displaced client of yours who is not familiar with social workers or confidentiality?
3. Think about a client you have worked with as a clinical social worker. What steps did you or would you take to ensure their authentic and genuine (rather than token) participation in the work together?
4. What might your next steps be if you were the clinician working with Anna and/or Carlos and his mother?
5. In your work with forcibly displaced persons, where do you see yourself falling on the universalism to cultural relativism continuum as you navigate culture in the context of ethical dilemmas, and why?
6. What aspects of providing clinical services to forcibly displaced persons do you think may be particularly challenging for you? What challenges might you face in mezzo and macro work with the forcibly displaced?
7. What is your plan to promote your self-awareness of the impact of your work with forcibly displaced persons on yourself, and how might you strengthen your vicarious resilience and self-care?
8. In what ways do you or might you work to bridge the micro-macro divide in our profession in your work with forcibly displaced persons grounded in a human rights and social justice approach?

10.8 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

10.8.1 Additional Case Material for In-Class Discussion and/or Further Reflection and Study

Case 1: Irina

Have students read the following case vignette and engage in discussion in small groups, reflecting on the discussion questions provided:

Irina is about to turn 18 and “age out” of the foster care system that she has been in since she was aged 16 and discovered in a prostitution ring by the police. She grew up living in poverty in Moscow, Russia, and was trafficked to the United States by an organized crime ring. She has no relatives in the United States. She was able to obtain a T-visa, granted to victims of human trafficking and their family members, and legalize her immigration status, obtaining T nonimmigrant status, in the United States by cooperating with the federal authorities investigating her

traffickers.³ You are the social worker assigned to work with Irina and develop a plan for her emancipation. In meeting with Irina, you learn that she has bounced around between several foster homes over the past 2 years, rarely staying longer than 3 months. Notes in her file label Irina as a “trouble maker” and recount that many of the foster parents reported that they could not keep Irina in their home due to her aggressive and angry behavior toward their other children. For the past 6 months, she has resided in a group home. While she was diagnosed as suffering from major depressive disorder and post-traumatic stress disorder (PTSD), she has apparently not received sustained or in-depth treatment for these conditions. She is in danger of not graduating from high school and has received little support in preparing to function independently as an adult.

Discussion Questions: The Case of Irina

1. What additional information would you want about Irina and her situation to guide you in your work with her?
2. How do the core principles of a rights-based approach to clinical social work presented in this chapter help us to understand Irina’s case from a rights-based perspective? What human rights violations appear to be present in the case of Irina?
3. What human rights instrument(s) may be particularly relevant to your work with Irina? Discuss which principles apply and how.
4. How would you work with Irina from a rights-based and social justice-based perspective? In what way(s) might this differ from a more traditional needs-based social work approach?

Note: The following resource may be useful for students as they think through Irina’s case: Human Rights Watch (2010). *My so-called emancipation: From foster care to homelessness for California youth*. New York: Human Rights Watch.

Case 2: Ravi

Have students read the following vignette of a torture survivor (Ravi) and engage in discussion in small groups, reflecting on the discussion questions provided:

Ravi (a pseudonym) was tortured in his homeland by members of the military due to his support for a political opposition party. His torturers beat and interrogated him daily for a month about the whereabouts of his party leader. Ravi refused to provide the information they wanted. One day, two of his interrogators forced him to watch as they gang-raped his teenage daughter. After 4 months, Ravi was released after he was forced to sign a false confession. His torturers threatened to kill him if he continued his political work. Ravi went into hiding after he was released and eventually fled his country and came to the United States.

Ravi called his family to let them know he had made it safely to the United States. One of his friends helped him obtain a job in a fast food restaurant. Ravi

³For more information about T-visas for trafficking survivors see <https://www.uscis.gov/humanitarian/victims-of-human-trafficking-and-other-crimes/victims-of-human-trafficking-t-nonimmigrant-status>

reports that by sharing an apartment with a number of his countrymen, he has been able to send money home to support his family. Ravi, normally not a drinker, has taken to drinking late at night alone or with a group of his fellow exiled party members. He reports that he feels very guilty about his daughter being raped and that he drinks to not think about what happened to him and his daughter. Ravi has great difficulty sleeping, and when he does fall asleep, he often awakens with nightmares of his torture and his daughter's rape. He generally has been functioning well at work, where he is able to keep his mind busy and focused on activities that do not remind him of his torture. However, he does struggle with increased irritability and angry outbursts, and he has had several incidents of arguing with customers. The most difficult times for Ravi are when he is home alone as that is when he often is overwhelmed by memories of his torture and feelings of shame and helplessness that remind him how he was powerless to protect his daughter.

Ravi was referred to immigration court by the asylum officer who interviewed him because the officer found inconsistencies between his verbal and written accounts. Three years after arriving in the United States, Ravi is still waiting to have his case heard in court. He is seeking asylum and immigration relief under the Convention Against Torture (UN General Assembly, 1984). His wife complains to him that she does not believe that he is actively trying to sponsor her and their children so they may also immigrate to the United States, and this has caused a strain in their relationship. Ravi was devastated to learn from his wife that his teenage daughter had tried to kill herself after word of her rape had circulated in the community. He no longer calls his wife frequently, and he has begun isolating himself from his friends.

Discussion Questions: The Case of Ravi

1. What human rights violations are present in Ravi's case?
2. Which human rights instruments help you to understand the case from a rights-based perspective?
3. How would you approach your work with Ravi drawing on the core principles of a rights- and social justice-based approach presented in this chapter?
4. What might be key roles that a clinical social worker could perform in the case of Ravi?

10.8.2 Suggested Resources

Teaching Resources

- Hokenstad, M. C. "Terry", Healy, L. M., & Segal, U. A. (Eds.). (2013). *Teaching human rights: Curriculum resources for social work educators*. Alexandria, VA: Council on Social Work Education.
- Libal, K. R., Berthold, S. M., Thomas, R. L., & Healy, L. M. (Eds.). (2014). *Advancing human rights in social work education*. Alexandria, VA: Council on Social Work Education.

Refugee Rights Online Course

A 3-week interactive free course developed by Amnesty International on human rights relevant to refugees: <https://www.humanrightscareers.com/magazine/amnesty-international-launches-free-course-on-refugee-rights/>. It addresses all stages of refugee journeys from displacement through resettlement. Participants will learn about human rights relevant to the protection of refugees and design an action plan to promote and defend these rights.

Human Rights Movies Related to Forcibly Displaced Persons on Netflix⁴

- *Beasts of No Nation*(2015): It depicts the situation of child soldiers. Social workers may work with youth who have had similar experiences and have escaped and fled their countries.
- *Desierto*(2015): It follows the experiences of a man deported from the United States who attempts to cross the border and reunite with his family left behind in the United States.

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⁴For more information see <https://www.humanrightscareers.com/issues/5-human-rights-movies-to-watch-on-netflix/>

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Chapter 11

Practicing Internationally: Centering the Refugee Voice



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11.1 Introduction

At the time of this writing, the United States is engaging in a collective reimagining around racial justice sparked by nationwide outrage at the killing of George Floyd. George Floyd was an African American man who was murdered by the police in Minneapolis, Minnesota (Minnesota Public Radio, 2020). Part of this reckoning process requires shining a light on ourselves as social workers to understand our own personal and professional complicity in upholding current unjust systems and practices, as well as our responsibility to disrupt such practices. Within academia, educated, highly trained, and published voices are often the most valued and respected. This practice, however, only perpetuates White supremacy and colonization within academia more broadly and within international social work practice more specifically. In an effort to disrupt this practice, this chapter takes a decolonized approach. Rather than citing published experts whose credentials are awarded

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through systems that have long histories of privileging specific groups, perspectives, and even modes of communication, this chapter centers the narrative storytelling of a Rwandan woman who experienced genocide, forced migration, asylum seeking, and refugee resettlement. Reading her words directly centers her as the expert. Through her voice, we learn about discrimination on the basis of gender, religion, and disability, as well as about loss, grief, and trauma. Furthermore, the case study captures the depth and complexity of the history that foreigners will not understand if they attempt to sum up Rwandans' experience as "trauma" or by using other clinical terms developed in contexts in which they have not experienced nor acknowledged pervasive fear and suffering. Indeed, we do not want the reader to think in reductionist terms, but rather we want the reader to embrace the nuances and have a layered understanding of the identities of the narrative. We also explore the disconnect between international humanitarian organizations' agenda and the on-the-ground realities of the problem. Moreover, readers will directly engage with the lived experience, thoughts, and perspectives of the narrative shared in this chapter.

11.2 Narrative Case Study

The following case study is of a 39-year-old Hutu woman. She is married to a Tutsi man with whom she has 4 children, aged 16, 14, 12, and 5. She lives in Rwanda, a small country in Eastern-central Africa.

I was born following a long period of my father being childless. My last name, which translates to "the one who restores family dignity," reflected those circumstances. Unfortunately, I was struck with polio at age two, to the disappointment of my father. The neighbors, especially other children, would call me *kaguru*, or "small leg" in Kinyarwanda, my native language. The polio left me with a limp, and eventually I had to wear a leg brace.

My father made sure I went to the nearest school because I could not walk long distances on foot. The morning of my first day of school, my father called me and explained that when I got to school, I would be asked to bend one of my arms over my head to see if I could touch my ear on the opposite side. That was how they would determine if I was old enough to attend school. My father also told me they would call me by my full name, which I thought was too long and too complicated for a child's name.

I was born in a practicing Muslim family, but Muslims are a minority in Rwanda. All my siblings and I had to attend "Quran School" on the weekends, while I attended a Pentecostal school during the week. Sometimes it was hard to decide to whom to listen: our *kizungu*, "white man," Christian schoolteachers, or our Quran teachers. Muslims were very protective of their beliefs, and anybody who was not Muslim was regarded with contempt, the same way my *kizungu* teachers regarded non-Christians. Every student at my primary school was required to attend Christian Sunday school, and students who did not show up were penalized. Quran school was on Saturdays and Sundays; unable to be in two places at one time, I would go to Sunday school to avoid penalty from the school, and then I would rush to the

Quran classes, knowing I would be beaten for being late. A few parents withdrew their children from the program because of the repeated beatings. My parents, however, did not, so it was up to me to navigate my weekend responsibilities. Occasionally, my skills in Quran recitation compensated for my tardiness, while my participation in choir and Bible study paved the way to being selected to give a farewell address to the Swedish woman who was the head of our Pentecostal school. I panicked when they chose me to give the keynote speech as I was only in the fourth grade. “Couldn’t they pick an older student?” I wondered.

I was a very good student and benefited from each one of the three different faith-based schools I attended: Catholic, Pentecostal, and Muslim. Today, I am a product of the confluence of the triple educational heritages. I went on to get a secondary school diploma and then a bachelor’s degree in modern languages.

Discussion Point

It is important to remember that refugees are not a monolithic group.

The population of Rwanda, my country, is made of three fluid social groups: the Hutu, the Tutsi, and the Twa. They are fluid in the sense that they are hard to tell apart because of continuous intermarriages, shared language, shared religion, and shared beliefs among the groups. Hutu and Tutsi people have had complicated relationships for centuries, and sometimes their disagreements ended in wars that brought death to several thousand people and exile to millions. One such war started in 1990 and culminated in the assassination of the presidents of Rwanda and Burundi, followed by a genocide that took place in 1994, which primarily targeted the Tutsi minority. Research involving victims of the genocide has become very controversial because of the fluid nature of the identity among the warring groups. An estimated 800,000 people perished during the genocide that lasted only 100 days. The official narrative, supported by the now-ruling Tutsi group, asserts that the tragedy should be called “Genocide against the Tutsi,” while a growing body of research claims that it should be called the “Rwandan genocide.” Not only is it challenging to differentiate between Tutsi and Hutu people, but the Rwandan Patriotic Front (RPF), a group of exiled Rwandan Tutsis living in East Africa, started the war in 1990 by invading Rwanda and killing a large number of Hutu as they advanced into the country. Thus, some argue that clearly differentiating between victims and perpetrators of the genocide is challenging, if not impossible.

On July 5, 1994, the genocide officially ended with the RPF victory and the flight of the former government. However, the killings and bombings did not end, and I fled across the border to the city of Goma in former Zaire, now known as the Democratic Republic of Congo. In Goma, I do not know if I was more ashamed or humbled by the sight of two phenomena, unrelated yet so fundamentally connected: an endless, somber column of the Forces Armées Rwandaises (FAR), the former government’s defeated army, and the garbage-like piles of refugee bodies, dead from the cholera disease. About the first, there is a saying in Kinyarwanda, “*kureshya n’igihugu cya tsinzwe*,” or “As tall or as long as a defeated country. When you lose

or fail, do you become longer?" or "Are you so visible that there is no place that would hide your shame?" It was a pitiful sight. About the second phenomenon—refugees who had died from cholera—a shortage of water, the lack of sanitation, and exhaustion led to a cholera outbreak. Dead bodies lay along the road, row after row of refugee men, women, and children. Babies were suckling their dead mothers, and mothers who were unable or unwilling to care for their agonized babies anymore were leaving them behind. Six-month-old babies were crawling on every corner of Goma's streets. Bulldozers were picking up bodies as if they were just garbage. Every refugee family I knew must have lost at least one member. The disgusted Zairians were saying, "Banyarwanda ni bashenzi," or "Banyarwanda are uncivilized and stupid." Their messaging was clear: "First, you kill your own president; then, you slaughter your own people; and now, you are bringing us cholera. Take your dead bodies back to Rwanda. Goma belongs to Zairians, and we cannot have you burying your people on our land." Young Zairian men were perched on pickup trucks. A bottle of water in one hand and a microphone in the other, they chanted, "Follow me. You have to vacate the city and go to Mugunga. It's a beautiful camp built for you, and you have to be there if you want assistance."

Mugunga was a large rocky area some 30 kilometers (almost 19 miles) outside of Goma. It will be known in history as the largest refugee camp of our time, where former killers were fed and taken care of at the expense of the international community, represented by the United Nations High Commissioner for Refugees (UNHCR). The inability to separate innocent refugees from groups that had been involved in the genocide is what later led to the invasion of Zaire by the armed forces that were ruling Rwanda after the genocide. As it turned out, there was open space to set up camp, plenty of dead refugees on the ground, and very little help in those early days of our exile. A former colleague suggested that I look for work, and I realized very quickly that there were no jobs for me in the refugee camps. They needed nurses, medical doctors, and social service helpers, but I had none of those skills. UNHCR staff seemed to be everywhere yet nowhere because I was not able to get an interview or any help. There was a process for every action. The overworked agency staff had to assess the situation and register people first before deciding who needed or deserved help and who did not. The "handicap center" where I was staying with my children was crowded and overwhelmed by the number of people that needed help.

Three weeks after the end of the genocide, as soon as the borders with Rwanda reopened, I decided to go home and voluntarily repatriate. At this point, there was no official peace plan or repatriation process. At the border, while I was waiting for my turn to be processed, I saw a young boy who was 7 or 8 years old. He was alone but wanted to go back, too. A new immigration officer, a representative of the new power in Kigali, Rwanda's capital, was registering returnees and was asking the boy questions about his parents. The boy did not know any of the answers to the questions, and I ended up taking him with my own children. He was alone. He had seen so much in his short life that I think his brain had just shut down any memory as a protective mechanism as a result of the trauma he had endured. Images and stories about lost children danced in my mind. I had seen and heard so many of them and could not imagine how I would have felt if that had happened to any one of my four children.

After living in exile, I went back to Gisenyi, Rwanda, my hometown, in August 1994. Three weeks was enough time to get a tiny glimpse of life in exile and what refugee camps looked like. I made a promise to myself: *never again will I be a refugee!* Banyarwanda tend to be attached to the land, and I was going home to the land of my ancestors. I thought about the day of the mass exodus to Zaire when the RPF had seized Gisenyi, closing the borders on the refugees. Gisenyi had fallen to the RPF forces following a full day of heavy bombs, rockets, and mortars pounding down on refugees across the border. Somehow, I found it hard to believe that someone had decided I could not go home. I lifted my eyes to Mount Rubavu, two and a half miles away, and something tightened in my throat. I remember how undecided I was about how to explain to my children that it might not be safe to go back, and yet I went back. When I crossed the border back into Gisenyi, I had the impression that the air smelled different. *Lighter! Clear! The smell of home! The birds of Rwanda sing differently. People walk differently.*

Discussion Question

Conflict times are by their very nature characterized by lawlessness and chaos. Existing policies do not apply, such as policies for crossing international borders.

How does this impact the refugee experience?

One of my former teachers had met me in Goma, and knowing that the new government would hire *anyone* with my skills, he commented that I could be a good secretary to the then-vice president since I spoke multiple languages. He suggested that I wait until there was running water in Gisenyi, and then go back.

I found a job with an international relief agency the week after I returned home as there were scores of international agencies working to provide relief services—after the fact, as always. I was resentful to see all these foreign agencies showing up after the genocide. I even asked some of their staff if they were really there to help us, or if it was just another adventure for them. You know, showing up not because we needed them but because it suited them. My job at the agency paid me a monthly salary that was more than I had ever made in my entire professional career. However, I knew it was not going to last. The short-term, inflated salaries were simply raising the prices of everyday staples that the local Rwandan could not afford.

Discussion Question

International aid organizations arrive with their own agendas and a time limit. Even when they believe their projects are sustainable, they have their own definitions of what sustainability is.

Is there a current model of international development and/or social work that you believe would be sustainable after international social workers and non-governmental organizations (NGOs) leave Rwanda or other developing countries? Why or why not?

In those early days of the RPF takeover, many manufactured goods came from Uganda. My boss at the agency had ordered a kerosene lamp for me. We had been using candles and cooking in tins. The kids and I were so happy to have light in the house the night the lamp arrived that we danced around the lamp until midnight. *"Wow! This is supposed to make me feel good after the high price of the genocide,"* I thought. I wondered how long it would last. It did not take long to figure out the answer. These early small luxuries brought another concern: resentment of those who did not have access to them. Some of my Tutsi colleagues resented the fact that they were not given the job I occupied; they thought of themselves as the legitimate survivors of the genocide and did not think that I, a Hutu, should be occupying my position. A few of them even suggested that they cut off my head and throw it in the nearby Lake Kivu.

Many of the returnees who had left Rwanda in the 1960s wanted to have the same access to goods and services as those who were exiled because of the genocide. Tutsis of Rwanda have known waves of exile since the 1960s. They had lived in other countries for more than 30 years. These former refugees created the rebellion and attacked Rwanda on October 1, 1990. The ensuing war created the conditions for the genocide of 1994. While the genocide of 1994 primarily targeted Tutsis, it ended up causing the death of many Hutus and the exile of millions who were now returning. By August of 1994, there were returning refugees from the present war, and as far back as the 1960s, because the Tutsis of the 1960s now knew their group was in power. Thus, both Hutus and Tutsis were returning. However, the international relief agencies were only serving exiled persons from the recent war. This created a situation in which foreign aid was potentially and unintentionally causing more harm than good. I felt some kind of protective reaction on behalf of my people.

Coincidentally, I met and befriended a young American man who was in Rwanda to help with refugee repatriation and community rehabilitation. I was then part of a women's group that was also involved in community rehabilitation. This young American man's organization was particularly interested in supporting women and families headed by children who were coming back from exile.

We befriended each other for different and yet similar reasons: he wanted to find an ally and to get to know the disconcerting culture he was working in, and I sought a way for my country's people to gain access to international resources that he represented. As the genocide was ending, millions of people had fled to former Zaire. The international relief organization set up a program to encourage Rwandans to come back from the refugee camps. There were discussions about international donors having to divide their aid between helping people in the camps and helping rebuild the country after the genocide. It was decided that the best option was to encourage people to return, phasing out the camps. Donors could then concentrate on helping Rwanda get back on its feet.

At the international relief organization, we placed our staff at the borders of former Zaire to screen people crossing into Rwanda; marked the number of individual men, women, and children; and recorded the size of the returning families. Also, we noted in a ledger the counties to which they were returning. The families were given small cards indicating their composition: one person, two people, the number of

children and their ages, etc. When they brought their cards to our office, we gave each family salt, beans, two bowls of corn flour per person per week, a bowl of protein biscuits, one blanket per person, and one cooking pot.

Trucks from the International Organization for Migration (IOM) came to our office twice a day to transport returnees who needed to travel farther than Rubavu, the county at the former Zairian border. It was at my job with CARE International that I met my new American friend. He showed up asking for statistics on returning families who had taken in lost children. The NGO he was working for wanted to support those families to keep the lost children from being abandoned. To justify the program, they needed to know if there was a substantial number of these cases. He had gone to UNHCR in Kigali, where he was then referred to their office in Gisenyi. When he arrived at UNHCR Gisenyi, they told him to go to CARE International. At CARE, I was in charge of collecting the family statistics in which he was interested. However, the young American man asked to speak to my Ugandan boss, who I knew would inevitably ask me for the answers to the questions. My boss and the man were speaking English, but my boss would ask me the questions in French, until I eventually took it upon myself to answer the questions directly in English. I had no problem switching from French to English, and sometimes to Kinyarwanda or Kiswahili, whenever it was needed.

Discussion Questions

Due to the emphasis on ideals, scholarship, and secularization in the field of social work, social workers who are trained in the Global North unknowingly and knowingly undermine the influence of family, culture, and background on their client's thoughts, attitudes, feelings, and behavior, as well as how they construct problems and conceptualize the etiology of problems and illnesses (Al Krenawi & Graham, 2000; Barise, 2005; Dwairy, 2006).

- How would the narrator's age, gender, and religion within this cultural setting impact the assumptions the aid workers made about her?
- How does the history of colonization impact the language skills of persons of these countries?
- What kind of challenges did international aid workers from the Global North experience in forging professional relationships with community members living in post-genocide Rwanda?

By December 1994, my new friend met with me more often, no longer needing to go through my boss. In April of the following year, I resigned from my position at CARE and went back to teaching. My friend was incredulous. "You mean you want to go back to making less than \$100 a month? The money I pay my chauffeur could pay your salary as a teacher for a year," he said. He suggested I work for him because I could earn more money, and he would gain a multilingual interpreter and translator. My decision made no sense to him. We had worked together on some of his projects up in the hills of Gisenyi, and he thought I would be an asset to his

organization. He was working in post-genocide Rwanda where emotions were raw and killings were still going on. He was worried, of course, but this young, bright, idealistic American wanted to save us all. I tried telling him that whatever skills I would bring were not worth the risk of employing me. People were already suspicious of him, saying that he was a Central Intelligence Agency (CIA) agent. This type of suspicion could have cost him his visa in a post-genocide climate, and yet he was doing wonderful work. Through his work with the families that had taken in children they had found on the streets, he and his organization were able to help these families build houses and gave them new seeds for farming. For the government to allow him to continue his work, he needed to work with someone from the Tutsi group, someone who came from the tribe the government trusted. He had not found someone who fit the role.

When I quit my job with CARE International, I returned to my former school. The buildings were in dire need of repair. Returnees from the 1960s, with relatives in the new army, had confiscated the teachers' housing complex. School trucks had been confiscated, too, and the principal was being harassed.

Before the war, the school had admitted boys and girls, but only girls had been allowed to live at the school. After the war, however, the Ministry of Education sent both boys and girls to live there. That presented a challenge to the school administration. Many young boys between 12 and 17, whose parents and relatives had perished in the genocide, had been rescued by the RPF and incorporated into its army. However, the United Nations Children's Fund (UNICEF), protesting the enrollment of children in the army, requested an immediate demobilization of those child soldiers.

I became the principal of my former school 2 years after the school reopened, and I was confronted with the challenge of supervising and disciplining these children who were no longer children. Some students were over the age of 18, yet all had lost their childhoods due to the horrors of war. All of them had been orphaned by the genocide, but as soldiers, they also had witnessed or participated in killings. They did not respect the authority of a civilian, let alone that of a woman, and a Hutu woman, for that matter. They skipped classes and went out to drink and smoke during school hours. They invited older soldiers onto campus, jeopardizing the safety of the girls. I had to assert my authority somehow, but I was not equipped for that role.

I enlisted the support of the military commandant. From his perspective, student discipline was not a priority; he had bigger concerns regarding community safety and security, which were precarious in the post-genocide Rwanda. He made it clear that I needed to come up with another strategy to reinforce discipline and ensure the safety of my students as he was not going to be available every time the school had a problem. Before he left the last assembly, though, he had a closed meeting with students who were formerly child soldiers and asked the boys if they preferred military methods of discipline or civilian. After this conversation, the boys agreed to comply with the school rules and regulations. I did not stay in my position long enough to see if the change in the boys' behavior was permanent.

A few months after the RPF took power in Rwanda, the army engaged in armed attacks on a camp for internally displaced people of perceived Hutu origin inside Rwanda. The attack resulted in the massacre of almost the entire camp population. Officially, the intention was to bring genocide perpetrators to justice, but to an observer, it was meant to systematically eliminate the Hutu population. In another anti-militia campaign, the army massacred an entire village in the northwest of Rwanda. The number of victims could not compare to the genocide of 1994, but the intention was the same.

The months following the war were very unstable with regard to school security. Principals in a forty-mile radius disappeared or were assassinated, and the perpetrators were neither caught nor identified. In one of the schools, students were awakened in the middle of the night and asked to line up by ethnicity. The children refused, and all were killed. In another school, not very far from my own, hand grenades were placed in restrooms, killing a student. A similar attempt was thwarted at my school by our students, who used to be child soldiers themselves and had experiences in deactivating hand grenades.

The climate was tense at my school. Students and teachers were on edge. I was working as many hours as I could, staying at school and not leaving for home until after the students had dinner. Students were studying outside one night when something fell on the ground from one of the many avocado trees, scaring a group of girls. They panicked and started to run and scream, stumbling over each other and falling on the thousands of small stones in the schoolyard. There were bruises on the students' limbs and even on their heads, from *amakoro*, sharp stones that cover the land of Rwanda's northwest region from its volcanic soil, which can cut skin like a sharp knife. Someone alerted the military commandant in the midst of the chaos. Officers were sent to the school, and they took the wounded students to the hospital. Many male students were arrested and taken into custody because of ongoing suspicions between Hutu and Tutsi. Every time there was a security breach, the assumption was that the Hutu were attacking the Tutsi so they could continue the genocide. One of the security guards came to get me around 4:00 a.m. When I arrived at school, I asked to talk to my students before the officers ordered me into their office for a deposition. The officers told me I should have been at school at all times and that my negligence caused what happened to the students, especially because, as they claimed, I had hired staff and teachers who were anti-Tutsi. I protested and told them, "Not only do I not have the power to hire staff, but also I myself have Tutsi children." However, that was before I realized that half-Tutsi children *were not considered Tutsi*. The shock of that realization would have been less profound if my children were not affected by that new rejection. I promised to protect them, but in truth, I did not know how I was going to do it; the same went for the students at my school.

My beautiful resolution to contribute to the rebuilding of my beloved Rwanda was evaporating slowly. In the political climate of post-genocide Rwanda, it was easier to make enemies than friends when you opposed injustice, especially among the group in power. Rather than political issues, I was more equipped to deal with

social issues, such as what to do with students who prematurely became heads of households, having been orphaned by the war or the genocide.

I had many cases of 15-year-old, orphaned girls and boys taking care of five or six younger siblings while attending school. One of those girls came to me one day and explained she could not continue with the school as her younger brothers and sisters were sick and needed care. She was the only one left to farm her parents' land. My first reaction, of course, was to care for all the children at my house, but that was not a realistic option, as I had so many children already. As the principal, I was able to request a meeting with the Minister of Education and explain the situation, so the student could be transferred to a day school where she could go home after class and take care of her siblings.

Discussion Question

How does the narrator's experience highlight the social activism, rebuilding, and recovery/healing efforts of individuals and communities during armed conflict, rather than focusing on external support and/or NGO resources?

There were similar cases, like that of Cuba's. The boy was an only child, born to well-to-do parents. Both parents had been killed, and Cuba, who had never been asked to make his own bed, was left to care for his 80-year-old grandmother. One day, Cuba came to ask my advice about creating an association for orphans of the genocide. I listened to Cuba's account of how he was involved with bigger organizations for survivors of the genocide and wanted to start a branch at the school. I had a million ideas that could work for the group, but I had a terrible dilemma. I was the head of a school where more than half the students were orphans of genocide, war, or AIDS—possibly all three. God knows, working together was the solution, but would I let the students create an organization for each type of orphan? How could these children, who were my own children's age, overlook their still vivid tragedy, one that had robbed them of a childhood they all so deserved? As Cuba so vehemently argued, nobody had planned and intentionally caused the AIDS epidemic that was decimating the population, but someone had intentionally planned and executed his parents—an event without precedent. If it was only war, the bombs and bullets would have fallen on anybody indiscriminately, but the genocide was a systematic targeting of one specific group. I asked Cuba to help me think it through so we could find a solution to my dilemma.

The school, though central to my profound preoccupation, was not the only challenging factor. My husband could no longer share a beer with his old buddies. Many of them, as the sole remaining members of their families, did not think my husband should call himself a survivor. "You have your wife and all your children. Even your house is still intact. How can you grieve with us?" they asked. Actually, he had known the same rejection during the few months he was living in Goma before I joined him. Upon his arrival, he had been met by Tutsi, who were living in Zaire and had set up a network to welcome the new Tutsi refugees. They asked him if he had

relatives there, which he did not. He wanted to go to the disability center, where I had friends, but the people of the Tutsi network told him he needed to be taken care of by exiled Tutsi Rwandans. They found him a host family, and he was visited and welcomed by many different people, until they started asking him if he had family members left behind and what had become of them. Their welcome stopped the minute they found out he had a Hutu wife.¹

On March 8, 1995, we celebrated the first International Woman's Day after the genocide, and I went with many of my friends to the capital city for the festivities. I headed home late in the evening after the events. My leg brace was old and would not bend at the knee, which required that I take more space on the bus, and the conductor was not happy about that. He asked that I get out so he can take passengers who would fit in easily. I bristled. I told him that I had the right to ride in the bus as much as any other passenger, but in truth, I actually did not have any way of reinforcing that "right." I offered to pay double to compensate for the lost fees from the extra space I needed. As we traveled, there were still roadblocks, except this time they were guarded by the new Rwandan Patriotic Army (RPA). The bus was stopped and searched on our way back, and people showed their identification cards. When I showed mine, the officer tore it into pieces and angrily reminded me that this "piece of garbage" was not accepted anymore. "But I'll need an ID to get my money from the bank, and that includes my salary." "Get in the bus and out of my sight," the young officer said to me. Dismayed and frustrated, I complied. My husband agreed with the officer. He admonished me for taking that ID in the first place. "You can pass for anyone," he said, "or we should get you a new ID." I reminded him that he had not wanted his ID card changed when the war was raging, and the situation was very dangerous for him. "I'm a prince, remember? Princes die for who they are," he announced. I thought that was arrogant and pretentious. I would die for who I was too, prince or not. I started considering other options like exile again. How ironic of me? I was not the only one living an unsafe life post-genocide.

A friend of mine, who also was my husband's cousin, was jailed after the genocide, and it cast even a heavier cloud on many of us in our women's group. My friend was a beautiful Tutsi woman who had married a Hutu man. Her husband had died of natural causes, and she was left behind to raise her nine children alone, and because they were wealthy people, the incoming Tutsi would consider her a traitor. When the genocide started on April 6, my friend was warned that she might be listed as an *enemy of the republic* and, therefore, could be killed. By the time she found out, it was too late for her to flee to her in-laws for protection. Her oldest daughter, who then was 20 years old, decided to stand guard and distract the killers. She was known to be beautiful but also very kind, and she probably hoped that the killers would view her as their sister. She sent the rest of her family into the attic of their beautiful mansion on the shore of Lake Kivu, took a shower, dressed in jeans, prayed, sat in her parents' living room, and waited.

¹For more reading and information on post-genocide, Rwandan intertribal relationships, please see Nyiransekye, Hadidja (2010). *The lances were looking down: One woman's path through the Rwandan genocide to life in the States*. iUniverse

Not long afterward, a group of killers knocked at the door, and she opened it. First, those in the attic heard her explain to the killers that her mother had left the house. She gave them money and food, but they insisted on finding her mother, who they said was a fierce RPF supporter. They started beating her, but she did not give in. They tortured her and gang-raped her, but the girl refused to say where her mother and her brothers were hiding. She screamed and prayed all night long, but the killers had no mercy. Finally, they killed her.

When those in the attic no longer heard noises from downstairs, one of her cousins went down and found the young woman lying in her own blood. The cousin rolled the carpet over the body and held night vigil. He waited until morning and then informed the rest of the family of her heroic death. Then, the cousin went to get his uncle, the colonel. She was buried in her uncle's family plot in Rugerero.

An old woman who had been her nanny, and who had also become my own children's nanny, came to see me the next day. She was overcome with grief by the young woman's death and the savagery of the killers. I still cannot wrap my mind around what her mother was going through after witnessing the torture and death of her own child who was trying to save her family. I think we have saints among the Banyarwanda who lived in Rwanda at the time of the genocide, saints among those forever gone from this life—an extremely resilient people.

A former student of mine, a young woman named Joy, was born from a union between a Tutsi man and a Hutu woman. Since they were not officially married, the child belonged to the mother's family, according to the Rwandan legal system. Joy grew up among her many Hutu relatives. When the girl went to secondary school, her uncles paid her school fees. One day, I met her father, who had been informed that Joy's mother was very ill and that the uncles needed support for her education. The father was willing to contribute, and he eventually accepted Joy into his family.

When the genocide broke out, she was in school in Italy with her younger half-sister, whom she had taken with her. Joy and her half-sister became the sole remaining members of their large family as their father's entire family was butchered. Ironically, Joy's cousins were among the ringleaders of the infamous *Interahamwe* who were known to have carried out the genocide and were jailed. Joy came back from Italy to inquire about the well-being of her father's family, and she stayed with the same family she had known her entire life, her mother's. When I met her, she was discouraged but had bravely decided against self-pity. "Where do you think I belong?" she asked me. "In the morning, I have to line up to take food to my jailed cousins, and in the afternoon, I have to join the group of those digging up mass graves so I can identify my father's remains." She was laughing about an identity crisis that had become the burden of over half the population of Rwanda. I wanted to answer her, "We belong together," but I knew this was a very serious matter for all Rwandans post-genocide. The Rwanda that very few people knew about made the news headlines only after the tragedy. I had a feeling that no one would ever understand the horror of those 3 months, except for those who lived through it. The genocide turned us into shameful people. We—today's widows, orphans, and refugees—are left to wander the world with our heavy luggage of unresolved grief,

trauma, and all the curses of colonization that strip people of their humanity, leaving us dispossessed and disenfranchised.

The post-war National Union Government in Rwanda was increasingly angry with UNHCR, on account of their continued support of the Hutu refugees in former Zaire. According to the new government, a number of these refugees were militia who had committed the genocide. The Rwandan government wanted to force them to come back to Rwanda and stand trial. This was a legitimate request, of course, but the new government also wanted the international community to focus any aid only on rebuilding Rwanda and not have to divert the aid to feeding refugees. The government also knew that many refugees were being held captive by the remaining former Armed Forces of Rwanda (FAR) members, who were collecting refugee aid and using the money to buy arms to eventually attack Rwanda.²

My husband had allowed me, actually encouraged me, to send the youngest of our children, then 4 years old, to Kigali when one of his half-sisters visited and brought with her some news. There were rumors of an imminent invasion of Zaire by the Rwandan army through Goma, the Congolese neighboring town. One morning in 1996, we woke up to the sounds of mortar and heavy machine guns going back and forth between Gisenyi and Goma. Bombs were falling so close to my house that I thought any moment was going to be the end. My husband, who had been hired again, was at work at the Meridian Hotel, a high-end hotel frequented by foreigners and the wealthy. He sent someone home to tell me not to panic. "It'll be over soon," he promised, but I was a complete mess with fear.

My house was located at what was then called the "periphery" of the town. Mama Nunu, our neighbor who always was braver than I, had sent for news from the city. "I think we'll be fine," she announced. "We just need to lay low for a few hours. It'll be over soon." I decided I was not going to wait for death. I was going to leave my house and go to the Meridian Hotel. They still had UN troops, and there were RPF troops amassed there, too.

On shaky legs, and with nothing besides the clothes on my back, I took all of my children to the Meridian. By the time we reached the main road near Lake Kivu, the loud noise of the bombing was diminishing, but I was not going to take any chances. When we arrived at the hotel, my husband could not believe how scared I looked. "You worry too much," he said, making very little of it. "Our troops have already arrived on the other side, but you can stay here if it would make you feel safer." I was very angry. People at the hotel were in a rather festive mood. All kinds of foreign media were covering the invasion of Zaire by a country 80 times smaller, and everyone was celebrating! "*How can people be so insensitive?*" I wondered. Despite the assurance that the bombing was over, I insisted that my husband find a way to send the boys to Kigali so that if anything else happened, I would not have to worry about the children. All vehicles traveling to Kigali were full, and there was no public

²For more reading on the post-genocide Rwandan government, the UNHCR, the FAR and aid for Rwandan refugees, see: Hovil, L. (2008). The Inter-relationship between violence, displacement and transition to stability in the Great Lakes Region. Paper presented at the Center for the Study of Violence and Reconciliation, Transitional Justice Programme: Johannesburg, South Africa

transportation. Government officials wanted residents of Gisenyi to stay put, but people were leaving anyway. My husband found a truck driver who agreed to take the boys; I did not dare send my daughter as it was too late and too risky for an 11-year-old girl.

We spent the night at the hotel, where people were eating and drinking as if there was a wedding. The next day, I went to check on my school and found out that one of my demobilized students had been remobilized³ and died in combat on the other side of the border. I do not know if I was more sad or angry. Because the boy officially was not supposed to be in the army, we could not even have a public memorial service and had to keep the information a secret.

Over the next 3 or 4 days, sensing there was going to be a mass repatriation, many NGOs working in Rwanda, and particularly in Gisenyi, were preparing night and day. Gisenyi had turned into a beehive of activity, with all these NGOs gathering food, protein biscuits, water, first aid supplies, blankets, and more. One morning, all of a sudden, we heard a loudspeaker in town. The city officials were welcoming refugees forced to return when the RPF dismantled the camps in Goma. My American friend was disappointed and frustrated because city officials had forbidden NGOs to interact with returnees—no food distribution, no aid of any kind. “Let them return the way they left,” the NGOs were told. People walked night and day as none of the returnees were allowed to spend the night in a county that was not their county of origin. Some women gave birth on the roadside but had to keep walking. Many refugees decided to head home, but thousands had been killed by the RPF, and thousands more fled deeper into the jungles of Zaire.

One of the families in my parents’ neighborhood had stayed in Goma. They were mixed, Hutu and Tutsi, like my own family. In cases like that, you never really knew who would want you dead or who would protect you. The grandmother in the family had come back to Gisenyi at the same time I did, but some of her children and their families had remained in Goma. During the invasion, the women tried to be brave. When the RPF soldiers knocked at their door, they did not know which of the fighting groups had come, and they sent a maid to the door to say, “We are from the refugee camps,” at which point the maid was shot and the house searched. Three women were in that house. Two of them were sitting in the living room with their babies in their arms. They were shot, and all but one of the babies were killed instantly. The third woman was hiding under a bed. Her legs, too long to fit under the bed, were hanging out, uncovered. The soldiers ordered her to get up. After she was questioned and released, she took on the care of the surviving baby, who later was reunited with his grandmother in Gisenyi. I heard stories of refugees who stayed in Zaire who had walked from the Rwandan border, across Zaire, past Congo Brazzaville (now known as the Republic of the Congo), and into *Republique*

³Vlassenroot (2020) describes the process of demobilization as a process of reintegration into civilian life, and remobilization as rejoining combat. In conflict areas, these processes are not necessarily linear but rather circular, and individuals may cycle between demobilization and remobilization

Centrafricaine. That would be like crossing the United States from the East Coast to the West Coast on foot.

Discussion Question

Displacement during armed conflicts or during the genocide in particular demonstrates the complexity of the pre-flight, flight, post-flight construct of migration pathways.

How does this narrative demonstrate that these experiences are not linear?

Between 1994 and 2000, the first years of post-genocide Rwanda were very unsafe for Hutu people. Every day I heard stories of entire villages that were wiped out. I heard about RPF soldiers who came to individual families' homes, killing the people and leaving right away, or soldiers who rounded up villagers, telling them that food was being distributed at the marketplace—those who went there were shot en masse. These shootings usually occurred following a real or imagined attack by the former regime's army, the FAR. The RPF suspected the Hutu population of aiding the FAR infiltration, in just the same way Tutsi had been suspected of aiding the invading RPF at the beginning of the war. We never knew if the killings were really staged by the RPF or perpetrated by infiltrators from the FAR. Fear was rampant among the Hutu population, and people started to flee again. Many fled to neighboring countries, few made it to European countries, and fewer yet sought asylum in the United States.

The mistrust between Hutu and Tutsi was spilling over in individual homes for people in mixed marriages like mine. My husband would not let me hire a domestic worker from the Hutu group, yet he was clearly unwilling, or unable, to help me with the household chores, even though I had children to care for and a full-time job at the school. There was no reasoning or arguing with my husband about how unfair he was being, and so my children and I had to make do with what we had. One evening, at the end of one of my long, exhausting days of work, I left the school around 8:00 p.m. and headed home. I told myself that if the boys had not managed to cook dinner for their sisters, I was going to send everybody to bed without food because I was so tired that I could hardly drag myself through the backyard of my house and to the door. When I arrived at the entrance, I noticed a circle of blazing charcoal on the ground in the yard. I tried not to become upset over such a careless act by my boys. "At least," I thought, "this meant that they made dinner, obviously early enough for some leftover charcoal to still be blazing, but they should have put out the fire." Leaving charcoal burning in the yard was very dangerous; if the wind had blown the blazing coals onto something flammable, we could have faced a disaster. "*Children never anticipate danger*," I thought. I went to the door and tried pushing it open, but it was locked. I knocked, and my youngest child ran to open it but could not. Neither could her sister, who came after her. My older daughter went back into the living room to ask who had the key, and the boys came running to the door. They could not open it, either. Then, I saw them wrestling with their father for the key,

and I heard my older son arguing with his father. "If she can't come in, then you'll have to leave this house, too."

"She's a woman, a wife, and a mother. If she chooses to spend days checking out the city and not be home to cook dinner for her husband and her children, then she can't come in."

"We always know where she is. We know we will have food on the table, and clothes on our back, and school fees paid. What do you do? Don't you depend on her work, too?"

The argument was heating up. I was so weary. I sat down on the steps, the same steps I had sat on with the kids to pray for peace. It has eluded me ever since.

The whole town was buzzing. Sides had been taken. For one side, I had become the small town of Gisenyi's little Saint Joan of Arc. They thought my husband was a spoiled ungrateful son of a ... who could not appreciate his smart, compassionate, hardworking wife-turned-*Directrice*. The other side thought he had waited too long to take on a wife who befitted his royal status. The Tutsi were back in power, and he had no use for a Hutu wife. Besides, what is a respectable wife doing working outside the home and not being there when the husband comes home? That woman is her husband's wife first and foremost. Her role as school principal comes after her role as wife and mother. The neighbors decided to call for a community gathering *Gacaca*, translated roughly "justice on the grass," a traditional mediation court usually held in a neighborhood by the elders. Many other neighbors decided to attend because they were curious if my husband would actually divorce his wife because she was a Hutu. I had no idea where they came up with that reasoning.

One particular woman was incensed with what she considered "arrogance and the ungrateful nature of the Tutsi." This woman was recently widowed. Her husband had served as a major in the army of the former Hutu government; however, he was known to have stood up to save as many Tutsi as he could during the genocide, and so he could not stay in the refugee camps in Zaire with the defeated army. He had come back to Gisenyi and was hailed a hero. His family home was in Rubona, on a hill above the Bralirwa brewery. There was an army roadblock a few meters away from his house, and it was guarded 24 h a day by the RPF people. The major and his wife had been awakened by gunshots one night. While the wife hid behind the door, her husband and three of her kids had been shot and killed. She had only the baby with her. When the shooting was over, she slipped out of the house and spent the night on their banana plantation. She was convinced that the RPF had killed her family, and she was not shy about saying so. When she came to my house on the day of the *Gacaca*, she would not stop talking. She kept repeating, "They always find a reason to mistreat you. If you were a Tutsi woman, your husband wouldn't have locked you out. And all these men who are supporting him? It's because they're all Tutsi. Who doesn't understand that nowadays husband and wife have to share household chores? He wants you to work and bring money home so he can drink even more, but at the same time, he wants you in the home so you can cook and clean and wait on him? Maybe they should clone you, and then he can have both a working wife and a stay-at-home wife. Don't you understand they do that on purpose?" I was not trying to stop the woman from taking over the conversation, but

after a while, she decided she did not want to stay and listen to everything these Tutsi were going to accuse me of. A man asked if it was true that I had been called by the Department of Military Intelligence (DMI) for interrogation regarding my hiring anti-Tutsi staff, and I said I did not know why people were accusing me of that. The neighbor said, “But that’s what your husband believes, too. Maybe he should tell us if he has enough grounds to accuse you as a traitor to the nation, in which case we’d have to hand you over to the authorities. But so far it doesn’t seem like he does, and when I asked him if he was considering divorcing you, he said he can’t live without you.” Well, he was going to learn to do just that—live without me—because that scene a few nights ago was the final drop that tipped the scale over toward exile.

Discussion Questions

It is important to keep in mind that social problems are socially constructed.

- How does an ecological system perspective frame social problems facing post-genocide Rwanda? How can this perspective be used to understand community responses of issues faced by individuals and families?
- Provide an example of how a social worker from the Global North might both define a social problem and intervene differently than a local community. Cite an example from this case as well as discuss how differences in social problem interpretation and resolution could apply to other settings.
- Local government representatives, community leaders, and religious authorities are the de facto partners and stakeholders in any interaction with the clients. Provide at least one example from the case and discuss how you would negotiate this interaction and/or your role in the interaction.

Rwanda’s ghosts seemed to be haunting the living, and I decided I needed to get out of the country. Security had become a huge issue since 1990, and nobody was safe on the road, in the home, or anywhere I knew. Even though the mass killings had stopped for a few months, individual people were disappearing every day, and nobody seemed to know what was happening. Arbitrary imprisonments were rampant, and those who could escape were leaving the country.

In anticipation to eventually leave the country again, I went to the county office to get my birth certificate and one for my youngest child. As the minivan taxi sped toward the county office, we started hearing heavy bombing in the hills around us. The driver tried to turn around and go back to Gisenyi. The minivan skidded and fell into a ditch. Everybody jumped out, and I got out last because of my limp and my leg brace. By the time the van was back on the road, everybody was terrified and rushed into the van leaving me behind. Standing on the side of the road, paralyzed with fear, I could hear my heart pounding so hard it was deafening. I set out for Gisenyi on foot. There were few cars traveling to Gisenyi. I heard first, then saw a military truck rush past me like lightning, and someone shouting, “That’s Madame Gilbert!” The truck stopped some 400 meters away, and a young man hauled me up

into the back. I never again attempted to get the certificates as that was not an experience I was willing to repeat.

The time after the genocide can be summarized by the following quote from Joseph Kuypers' *Men and Power* (1999):

Those holding power-over claim a set of rights and prerogatives not accorded the other, including the right to hit another person, the right to greater mobility, the right to force the actions of the other, the right to punish and jail, and many other rights of higher authority. Those so positioned control resources and achieve greater reward. The powerless must endure, trapped and prevented from leaving their position. (p. 12)

11.3 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

11.3.1 *Environment: Pre- and Post-Rwandan Genocide*

Gray's (2005) idea of multiple social works and her focus on finding the commonalities between them, as well as seeking the local, indigenous voice, offer a lens with which to view how theories and practices of social work can be applied within local contexts for more effective meaning. In other words, how social work is practiced depends on context.

1. Describe the complexity of the Rwandan environment before and after the genocide. How would this complexity impact social work practice and service delivery in post-genocide Rwanda? How might you extend this learning to other international practice settings?
2. How would religious and ethnic tensions shape the delivery of social work services in post-genocide Rwanda? Provide at least two relevant examples from the case study and apply to one other context.
3. What factors support the narrator's resilience in the face of the Rwandan genocide? How can a social worker assess a client's (individual, family, community) resilience in such circumstances?

11.3.2 *Overview of Best Practices*

Social work looks at problems and solutions holistically. Allen (2015) argues for the blending of micro models with structural ones. Examples include the social model of healing, a strength-based model of collective engagement together with

trauma-informed models. Yet, treating trauma in the absence of addressing the larger political experiences ignores the political and environmental experiences and disempowers clients. “Political involvement, collective efficacy, and social engagement are key components of health and well-being” (Sous & Marshall, 2017, p. 790).

1. Discuss challenges of engaging with individuals, families, and communities within the highly charged post-genocide Rwandan environment.
2. According to CSWE (2018), a trauma-informed lens calls for the social worker practicing internationally to view trauma recovery as possible, but with potential barriers (safety, hope, justice, access to legal recourse, etc.). In your opinion, what are the key factors that could pose a barrier to trauma recovery within post war or genocide contexts?
3. There is a tendency to view the refugee population using a deficiency model. Killian et al. (2017) developed a Vicarious Resiliency Scale that helps professionals balance the painful aspects of trauma work with strength-based reconceptualization. Considering the narrator’s story, discuss the positive transformational experiences one may have when working with refugees, forcibly displaced people, and asylum seekers.

11.3.3 Needed Knowledge and Skills for Social Workers

It is important that social workers practicing internationally cultivate self-awareness and have a good understanding of the power imbalance that stems from the geopolitical positioning of imported practices in which we unconsciously import our ways of life and worldviews to the places where we practice. Cultural humility calls for recognizing that individuals come from different cultures, and they are experts in their own lives (Fisher-Borne et al., 2015). Essentially, social workers practicing internationally should be “reciprocal learners and communicators” (Oliphant et al., 2019).

1. Self-awareness is of primary importance when practicing social work internationally. What specific issues did you note in the narrative that could have been improved through the use of cultural humility by workers from the Global North who came to Rwanda following the genocide? How would self-reflection as part of the framework of cultural humility impact your perceptions and interactions with refugees, forcibly displaced people, and/or asylum seekers?

11.4 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

Instructors are encouraged to use maps of the region as well as the previous questions for classroom discussion prompts, small group activities, and/or written assignments to center learning on the lived experiences shared in this chapter. This provides the opportunity for students to develop and practice their own cultural humility through centering the narrator as the expert.

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Chapter 12

Culture, Trauma, and Loss: Integrative Social Work Practice with Refugees and Asylum Seekers



Mary Bunn, Nancy J. Murakami, and Andrea Haidar

12.1 Introduction

The field of social work is well-suited to intervene in areas of practice that need a social justice and human rights lens (Joyce et al., 2012). Working with refugees, asylum seekers, and the host communities in which they are resettled is one urgent area of focus for social work practitioners engaging at the micro, mezzo, and macro level. Practicing appropriately with these populations, however, requires competencies grounded in a deep understanding of culture, trauma, and loss.

For survivors of persecution and forced migration, culture often plays a central role in their experiences of trauma and loss and in their pathway to healing and rebuilding their lives (Kira & Tummala-Narra, 2015). Survivors of persecution are targeted based on their identities and beliefs (Murakami & Chen, 2019), and for many, forced migration results in a sense of cultural dislocation and alienation (Stamm et al., 2004). As the trauma and its effects persist, survivors' strategies for coping are often compromised because of the loss of cultural connections and

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support. Many practice approaches with this population have been articulated within the mental health field.¹ However, identifying approaches that integrate a focus on culture, trauma, and loss, specific to the resettlement context, and that are relevant for direct practice social workers across micro, mezzo, and macro level practice contexts can be challenging.

To address this gap, this chapter begins by reviewing the multifaceted psychosocial consequences of war and forced migration, including adaptive strategies commonly employed, and introduces an integrative practice framework to guide work with refugees and asylum seekers. This framework highlights opportunities to prioritize and center issues of culture, trauma, and loss in our approaches with refugee and asylum-seeking populations across social work practice levels, alongside common challenges to service engagement and opportunities to build upon survivors' individual, family, and community resources. While this framework may be relevant to all stages of the migration journey, this chapter focuses on social work practice in the contexts of refugee resettlement and asylum.

Video 12.1 provides supplementary information on the integrative practice framework that centers culture, trauma, and loss.

12.2 Psychosocial Impacts of Terror, War, and Forced Migration

Political terror, war, and other targeted forms of persecution threaten the physical, psychological, and social well-being of individuals, families, and communities. Experiences of trauma, loss, and cultural dislocation in the context of these experiences are especially important to keep in mind when working with survivors of forced displacement.

12.2.1 Impact on Individuals

My country didn't protect me. This country won't accept me. I don't belong anywhere. –
Asylum seeker whose case was just denied²

The detrimental effects of armed conflict and persecution on survivors' mental health and quality of life are well-documented (Henkelmann et al., 2020; Kadir et al., 2019), and a growing body of literature is establishing the psychosocial impacts of experiences after persecution, including the forced migration journey,

¹See Chaps. 5 and 13 for more information on mental health and psychosocial support frameworks, approaches, and interventions.

²This and subsequent quotes are drawn from the authors' practice experiences to illustrate the multifaceted consequences of war, political terror, and forced migration.

immigration detention, post-migration stress, family separation and cultural loss and dislocation (Eisenbruch, 1991).

Though refugees and asylum seekers overwhelmingly demonstrate resilience in the face of such adversity (Pieloch et al., 2016; Porterfield et al., 2010), the mental health consequences of these forms of violence and forced displacement are often broad and lasting. Furthermore, experiences of persecution are often compounded by preexisting stressors associated with extreme poverty, marginalization, and oppression, adding to the complexity of the mental health and psychosocial well-being of survivors (Miller & Rasmussen, 2017). Post-traumatic stress disorder, anxiety, and depression are widely studied mental health conditions among asylum seekers and refugees (Henkelmann et al., 2020). However, increasing interest in post-migration psychosocial stressors (Schick et al., 2018; Goodkind et al., 2014), ambiguous loss and prolonged grief (Hollander, 2016; Kokou-Kpolou et al., 2020), parenting (Eltanamy et al., 2021), and sleep disturbances (Richter et al., 2020) reflect the myriad effects of persecution and interests beyond post-traumatic stress disorder, pathology, and a medical model for understanding sequelae of persecution. Efforts to expand beyond diagnosis and treatment of mental illness of survivors are further reflected in increased study of culturally specific manifestations of distress (Backe et al., 2021; Im et al., 2017; Kaiser et al., 2015; Tippens et al., 2021), psychological health promotion (Posselt et al., 2019), and individual and community resilience (Siriwardhana et al., 2014).

12.2.2 *Impact on Families*

We didn't know if he was alive or dead. Do we search for him, or do we grieve for him? –
Wife of a disappeared torture survivor

Entire family systems are affected by political terror, war, and persecution even when one family member is the primary target. Psychosocial impacts of direct targeting of children and families are well-documented (Blackmore et al., 2020; Kadir et al., 2019; Fegert et al., 2018), and there is a growing body of literature on the impact of an individual's persecution on their family's psychosocial health and family relationships (Slobodin & de Jong, 2015), which may even have intergenerational impacts (Devakumar et al., 2014; Sangalang & Vang, 2017). Torture is one extreme form of persecution with well-documented lasting impact (Song et al., 2018; Steel et al., 2009). Although torture is an act against an individual, it is designed to disrupt and threaten entire social systems (Gonsalves et al., 1993), exacerbating struggles of families as they fear for the safety and security of their loved ones and their communities.

While experiences naturally vary across families, specific situations from our clinical practice are common to those who were affected by torture and displacement: When a person is imprisoned, families may experience marginalization as

community members distance themselves from those being targeted. Families may be directly threatened or tortured by authorities as an effort to extract information. When a survivor flees, families may not know of their safety or have contact with them for weeks or even years; this period of uncertainty is agonizing. For refugee families, parents may struggle to adapt to new cultural and contextual conditions as their children more quickly integrate into their new community.

Across these diverse family situations, what is most remarkable is the extent to which many refugee families are able to survive, cope, and adapt to these and other stressors and their new surroundings (Walsh, 2021). Indeed, the family is a central unit of support and meaning, and research has shed light on adaptive processes found to promote family connection and well-being, including communication practices, flexibility, and retaining cultural practices and identity (Weine, 2011). The stress of war, forced migration, and resettlement increases vulnerability and can impact families in diverse ways, including decreased parenting effectiveness and increased family disequilibrium (Slobodin & de Jong, 2015), child mental health problems (Fazel et al., 2012), changes to family roles and responsibilities (Denov & Shevell, 2019), social disenfranchisement (Hollander, 2016), relationship problems (Hollander, 2016), family conflict and violence (Fegert et al., 2018; Saile et al., 2013; Catani et al., 2008), and acculturative stress, poverty, and other threats to security (Betancourt et al., 2015). Families often seek out cultural resources and support from religious centers, traditional healers, and community members. Yet, their options for culturally responsive support in the resettlement context are often limited, and accessing such support can be impeded by trauma, fear, differences in help-seeking practices, limited resources, stigma regarding mental health, and practical obstacles, such as transportation, language, and childcare (Byrow et al., 2020).

12.2.3 Impact on Social-Relational Resources and Well-Being

My home was a center of our community. Someone was always visiting. I still remember the smell of the flowers on our balcony and the food on the stove. —Asylee reflecting on a “safe place” during a mindfulness exercise

War and political violence damage attachment systems, intimate ties, community relationships and the broader social fabric (Bunn et al., 2021a). Forced migration, by definition, uproots people from their homes and contributes to social-relational losses by separating families and disrupting connections to community (De Haene et al., 2018; Karageorge et al., 2018). Such losses undermine access to pivotal sources of support (Wachter & Gulbas, 2018) and can contribute to a sense of cultural dislocation and grief. Indeed, home is more than a physical location and is better conceived as a social-relational experience, representing connections to one’s culture, history, personal and collective identity, land, and sense of place (Bunn et al., *under review*; Papadopoulos, 2002; Hart, 2002). Uprooting from home, therefore, results in a loss of familiar landscapes, resources, and relationships that existed in that place. These social-relational consequences are particularly salient for refugees who often

derive from sociocentric and collective cultures in which interpersonal relationships are central to life and who resettle in contexts that are culturally, linguistically, and environmentally very different (Magan & Padgett, 2021; Wachter et al., 2021).

12.2.4 *Impact on Existential-Moral-Spiritual Well-Being*

Before the war, I was in the same house with my kids. Whenever we miss anyone, we go visit them. But now, my family is far away from me. My whole life became far away from me. –Refugee mother

Experiences of war, political terror, and forced migration may also rupture the faith systems and basic beliefs about oneself, others, and the world (Nickerson et al., 2015). Such consequences may result from traumatic experiences during war or in the context of torture. Individuals, for example, may be abused by police, military personnel, or health-care providers. They may also be forced to witness acts of violence while in detention yet be unable to intervene or assist. Both experiences can be deeply traumatizing and undermine core cultural values and assumptions about the world (Hall et al., 2021). After participating in a tribunal process, a client from Bosnia reflected, “*There is no justice for the things that me and my family have experienced.*” Such spiritual and existential consequences may also arise in the context of resettlement. In exile, refugees may be separated from beloved family members, upending family and occupational roles that previously defined one’s life, and be exposed to daily cruelty in the form of exclusion, racism, and xenophobia. A survivor of torture from Syria described challenging experiences at multiple government offices in the United States, asking their social worker, “*Will everyone here discriminate against me because they see my Muslim faith before my humanity? Will they always wonder if I am a threat to them because of how I sound and look?*” Experiences such as these may challenge fundamental beliefs about who one is, the coherence of the world, and the presence or absence of godly figures and spiritual protectors.

Equally common is a strengthening of spiritual and faith beliefs following experiences of war, torture, and forced migration. In our own clinical work with torture survivors, many have described relying on their cultural beliefs, faith, and prayer to endure periods of detention, asylum processes, or separation from family members and viewed their own survival and perseverance through these circumstances as an example of love by a greater being. In the context of resettlement, houses of worship often function as important spaces for reconnecting to one’s culture, accessing support, and community building (UNHCR, 2015).

12.3 Existing Frameworks and Practice Approaches

Given these complex and multifaceted experiences, the question that arises is what guidance exists for social work practice with refugees and asylum seekers. In the United States, the Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (CSWE) (2015) outline nine social work practice competencies needed to demonstrate the “ability to integrate and apply social work knowledge, values, and skills to practice situations in a culturally responsive, purposeful, intentional, and professional manner to promote human and community well-being” (p. 6). These include the following: (1) demonstrate ethical and professional behavior; (2) engage diversity and difference in practice; (3) advance human rights and social, economic, and environmental justice; (4) engage in practice-informed research and research-informed practice; (5) engage in policy practice; and (6) engage with, (7) assess, (8) intervene with, and (9) evaluate practice with individuals, families, groups, organizations, and communities (CSWE, 2015, p. 3). These competencies provide a solid foundation for social work practice with asylum seekers and refugees.

In addition, there are several mental health and psychosocial frameworks and approaches that have been developed for work with refugees and asylum seekers—although not all have been developed for work in resettlement contexts or are specific to social work practice. These models provide a broad formulation to guide work with refugees and asylum seekers, often emphasizing the complex nature of experiences and potential mental and psychosocial consequences. Most emphasize limited familiarity with mental health systems and constructs among refugee and asylum-seeking individuals and communities, as well as the necessity of cultural competence or culturally informed care. Existing models also acknowledge the need for multilevel work though they generally focus on micro settings of practice and delivery of clinical services. See Table 12.1 for brief descriptions of these models.

12.3.1 *Skills and Competencies Framework for Integrative Social Work Practice*

A distinguishing feature of the social work profession is its multilevel focus (e.g., micro, mezzo, and macro), and practitioners fulfill various roles, including direct service provision, system development, linkage and maintenance, and research development and consumption (Marsh & Bunn, 2018; Hepworth et al., 2017). Indeed, oftentimes, social work practitioners navigate multiple roles and system levels within a given position, and this is especially true of practice with refugees and asylum seekers. Though much of the literature on refugees and asylum seekers focuses on clinical social work with individuals and families (Gonzalez Benson, 2020), it is important to recognize that the needs of refugees and asylum seekers go beyond micro practice contexts. As such, it is critical for practitioners at all levels to

develop a set of specialized skills that enable the centering of trauma, culture, and loss in multiple practice settings, such as educational, medical, criminal justice, and housing contexts, as well as specialty refugee service settings.

Figure 12.1 outlines the skills and competencies needed when working in the forced migration field at micro, mezzo, and macro levels of practice. This framework builds on the resources outlined in Table 12.1 and competencies defined by CSWE (2015). It is also a reflection of the authors' collective depth of experience in mental health and psychosocial program development, research, and direct practice with refugees and asylum seekers at every stage of the migration journey.³ The framework highlights cross-cutting competencies for all practice levels and those needed specifically for direct practice.

12.3.2 Cross-Cutting Competencies

Cross-cutting skills and competencies are those needed for micro, mezzo, and macro level social work practice with refugee and asylum-seeking communities. They highlight the importance of attending to the ways in which culture shapes experiences, expectations, and meanings as well as service engagement, multidisciplinary collaboration, and critical self-reflection, among others.

12.3.2.1 Center Culture in Practice

Culture for people, like water for fish, is always present but easy to take for granted. As helpers and healers, we must always be aware of the cultural scripts running both in our lives and in the lives of those we seek to serve. –Social work educator and clinician⁴

Culture is a personal and collective experience. As a deeply rooted part of one's identity, culture is also a learned system of meanings acquired throughout life that includes expectations surrounding the self, behavior, roles, and relationships that are dynamic and changing in response to individual, societal, and environmental demands and pressures (Marsella, 2010). While culturally competent practice is an ethical imperative for social workers working with all populations, the need to expand the traditional cultural competence construct is paramount when working with refugees and forcibly displaced communities. We believe that culture must be made central in all work with these populations because cultural identity plays a role in the history of persecution, in the experience of forced migration, and in the healing and rehabilitation of survivors, families, and communities. The centering of culture in trauma healing requires a broadened conceptualization of culturally

³See Chap. 1 for an in-depth review of the migration journey.

⁴Social workers currently engaged in micro, mezzo, and macro practice with refugee and asylum seekers shared their reflections on certain elements of the practice framework. Some reflections are also drawn from the supplementary video to this chapter.

Table 12.1 Models, frameworks, and guidelines for practice with asylum seekers and refugees

Year	First author	Model	Practice setting	Model components	Practice levels
2019	Mollica, R.	H5 Model	Refugee camps	Human rights, humiliation, healing, health promotion, habitat and housing, all of which center around the trauma story	Micro, mezzo
2007	Inter-Agency Standing Committee (IASC)	Guidelines on Mental Health and Psychosocial Support in Emergency Settings	Large-scale emergencies in low- and middle-income countries	Intervention pyramid with the following components in ascending order: basic services and security; community and family supports; focused, nonspecialized supports, specialized services	Micro, mezzo
2013	Silove, D.	ADAPT Model	Post-conflict settings	Five core psychosocial pillars that are fundamentally disrupted by mass conflict: safety/security, bonds/networks, justice, roles and identities, existential meaning	Micro, mezzo
2005	Center for Victims of Torture (CVT)	Healing the Hurt	US resettlement context	Core competencies in working with survivors, triple trauma paradigm, social services, medical services, psychological services, legal services	Micro, mezzo
2011	Fondacoro, K.	Connecting Cultures: A training model promoting evidence-based psychological services for refugees	Mental health care in US resettlement context	Social justice framework, ecological model of human development, community outreach, adaptation of evidence-based treatments	Micro, mezzo
2011	Downs-Karkos, S.	Receiving Communities Toolkit	US resettlement context	Contact between immigrants/refugees and longer-term residents (dialogue and joint community projects), communications (media campaigns), leadership (engaging community and government leaders supportive of immigrants/refugees)	Macro

(continued)

Table 12.1 (continued)

Year	First author	Model	Practice setting	Model components	Practice levels
2020	Im, H.	A multitier model of refugee mental health and psychosocial support in resettlement	US resettlement context	Adaptation of IASC intervention pyramid with the following components in ascending order: social adjustment and integration, family and community support systems, bereavement and trauma healing, psychiatric services. Grounded by two pillars of culture-informed and trauma-informed care.	Micro, mezzo
2018a	Lundy, M.	Common denominators of transnational practice	Generalist and clinical social work with immigrant and refugee populations	Critical consciousness, collaborative accompaniment, and cultural humility	Micro, mezzo
2018b	Lundy, M.	Transnational Integrative Process	Generalist and clinical social work with immigrant and refugee populations	Relationship building. addressing concrete needs for safety, person-in-context assessment, managing power dynamics, ongoing trauma assessment, integrative theoretical approach	Micro, mezzo
2019	Measham, T.	Transcultural mental health services for refugees	Transcultural mental health services for refugees	Culturally informed and responsive care, interpreters and culture brokers, consideration of power differentials	Micro, mezzo

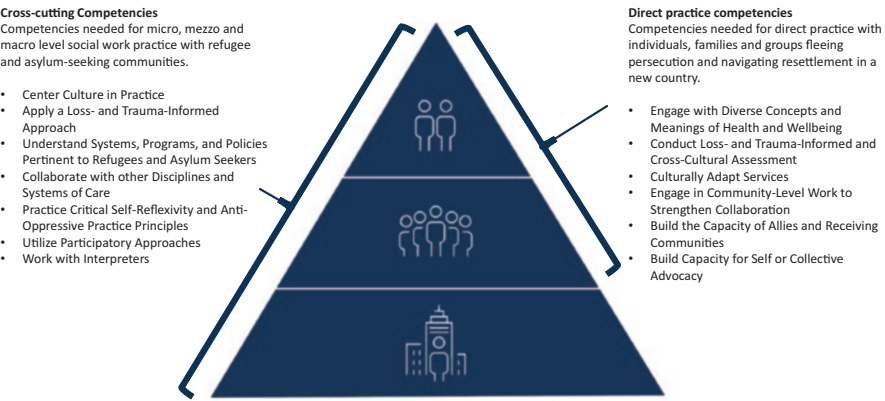


Fig. 12.1 Integrative framework for social work practice with refugees and asylum seekers

informed care, beyond consideration of cultural differences between the practitioner and the survivor, that includes exploration of the survivor's historical, sociopolitical, and spiritual background, as well as the cultural context of their experiences of trauma and loss (Gorman, 2001).

Consistent with the concept of cultural humility, to be culturally responsive is to embody an orientation toward continuous learning, respect for differences, genuine interest and humility, and recognition that there are many ways of being in the world and that each individual holds and experiences their intersecting identities in deeply personal ways (Fisher-Borne et al., 2015). Moreover, culture can be thought of as a primary source that promotes healing rather than just a treatment variable or consideration. Gone's (2013) discussion of "culture as treatment" (p. 683) in therapeutic settings of indigenous communities of Canada demonstrates this centering of culture through traditional healing practices for both historical and recent traumas. This aligns with models of care that integrate traditional healing practices, such as the multiphase model of psychotherapy, social justice, and human rights (Bemak & Chung, 2021) and forms of healing that address loss and repair of cultural context, connections, traditions, and rituals (Hinton & Kirmayer, 2013). These approaches demonstrate that participation in traditional cultural practices, such as sweat lodge ceremonies, purification rituals, weaving, gathering for meals, or connecting around faith practices, can recreate social ties ruptured by forced migration and be a potent source of purpose, meaning making, and spiritual transformation among communities that have experienced trauma and loss and are exiled in a new country (MacDuff et al., 2011).

12.3.2.2 Apply a Loss- and Trauma-Informed Approach

When all organizational staff and volunteers, from receptionist to therapist, keep the trauma experience front and center in their interactions with clients – how the phone is answered, how clients are greeted at the door – it is key to providing an atmosphere that is welcoming and healing. –Director of an integrated care program for survivors of torture

It is important for practitioners to be familiar with the typical stages of flight, from persecution and war to resettlement, and to be aware of common traumatic events, losses, and risks experienced along the way (CVT, 2005). While there are both universal and variant characteristics of trauma and its impacts, cultural variables significantly impact experiences of both trauma and trauma healing (Marsella, 2010). For example, while fear is a common post-trauma experience, Buddhist Burmese refugees have revealed specific fears about how persecution experiences would influence and shape their next life. Participants from indigenous communities in Guatemala have contributed artifacts and traditional prayer ceremonies to therapy sessions. The breadth of trauma healing practices and rituals across sociocultural contexts further reveals the complexity of the ontological domains of trauma (Hinton & Kirmayer, 2013). Loss is another central experience for many forcibly displaced persons and can include concrete and total losses, such as death of loved ones or destruction of one's home, town, or homeland, as well as more subtle,

pervasive, and partial losses, including the loss of social relationships and connection to cultural practices, familiar landscapes, and activities (Bunn et al., [under review](#); Jones, 2020; Renner et al., 2021). Refugees' formal and informal ways of grieving vary widely, but for many, the nature of their losses and the displacement experience prevents traditional mourning from taking place, or even recognition of the diverse types of loss experienced, contributing to complicated grief reactions that can affect both physical and mental health (Jones, 2020).

When practitioners expect these varied experiences, expressions, and social meanings of trauma and loss, they can approach their work at all system levels with genuine curiosity and openness. It is important for social workers to explore indicators of traumatic stress and loss both within and beyond the individual survivor, including historical and current individual, family, and community responses that are rooted in culture and the social context.

Trauma-informed care is often associated with interpersonal practice though the framework is applicable to all levels of social work practice (Levenson, 2017). Indeed, adopting a trauma-informed care approach at the macro level is needed to create organizational contexts conducive to healing and to affect systemic change (Rapp & Anyikwa, 2016). The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the US Department of Health and Human Services, notes that programs, organizations, and systems can become trauma-informed to the extent that they understand the prevalence and impact of trauma on participants and staff alike, as well as pathways and resources for healing, and respond by "fully integrating knowledge about trauma into policies, procedures, and practices" (SAMHSA, 2014, p. 9). SAMHSA (2014) outlines six key principles of a trauma-informed approach: (1) safety; (2) trustworthiness and transparency; (3) peer support; (4) collaboration and mutuality; (5) empowerment, voice, and choice; and (6) cultural, historical, and gender issues (p. 11). These principles are intended to be implemented into governance and leadership, policy, physical environment, engagement and involvement, cross-sector collaboration, service provision, training and workforce development, progress monitoring and quality assurance, financing, and evaluation (SAMHSA, 2014). Here, we propose that organizations strive to also be loss-informed, extending attention to pervasive experiences of loss and the impact on the lives of refugees and asylum seekers.

Organizations are encouraged to recognize the diverse ways in which working with traumatized and marginalized populations may influence practitioners,⁵ including staying attuned to issues of compassion fatigue and burnout and developing workforce policies and practices to improve worker well-being (e.g., reduced workload, regular professional or peer supervision, training on loss- and trauma-informed care, services for compassion fatigue) (Voth Schrag et al., 2021). While these practices are relevant for all staff, it is important to note that many service providers delivering care to refugees and asylum seekers also have personal histories of trauma and/or forced migration and are often from the same community in which

⁵ See Chap. 14 for a review of considerations for working with forcibly displaced populations.

they are delivering care. Such shared lived experience is a strength that enriches practice and can also increase vulnerability to mental health distress, thus increasing the urgency of employing a trauma-informed organizational framework and practices.

12.3.2.3 Understand Systems, Programs, and Policies Pertinent to Refugees and Asylum Seekers

It is critical for frontline providers and policy advocates to have a shared understanding of what asylum seekers and refugees need and to elevate these needs. –Founder of a wellness center for refugees and asylum seekers

The sociopolitical contexts within which refugees and asylum seekers are embedded profoundly impact their life in exile, livelihoods, and access to resources and opportunities (Ostrander et al., 2017). Social workers should become familiar with the myriad of systems, policies, and structural issues impacting refugees and asylum seekers and their wellness. This includes learning about the refugee resettlement system and how policies impact its functioning⁶ (Darrow & Howsam Scholl, 2020); differences in status and lived experiences between refugees, asylum seekers, internally displaced persons, and other forcibly displaced persons⁷ (UNHCR, 2002); asylum law, policies, and procedures;⁸ family reunification policies and procedures for asylum seekers and refugees; and various levels of programs and systems that interface with forcibly displaced persons, from international institutions to local governments to refugee-led organizations (Ostrander et al., 2017; Gonzalez Benson, 2020).

Knowledgeable of such policies, social workers can draw on their practice experiences to advocate for policies and programs that reflect the realities and challenges of refugees and asylum seekers' lives (Almoshmosh et al., 2019). These efforts can take many forms, including building coalitions with migrant-focused organizations, engaging in policy formulation and advocacy, and organizing migrant communities while centering their voices and stories (Haidar, 2017). In Illinois, for example, social workers delivering care to torture survivors accompanied participants who gave testimony in support of a state-level health-care bill to extend Medicaid coverage to asylum seekers, and in New York, torture rehabilitation practitioners have advocated for improved health-care access in immigration detention centers. Social workers have much to contribute to local, national, and international advocacy efforts.⁹

⁶ See Chap. 7 for a detailed analysis of refugee resettlement.

⁷ See Chap. 3 for a detailed description of laws on forced displacement.

⁸ See Chap. 16 for a detailed analysis of asylum processes.

⁹ See asylum and refugee advocacy initiatives of the Center for Victims of Torture: <https://www.cvt.org/AsylumRefugeeAdvocacy>

12.3.2.4 Collaborate with Other Disciplines and Systems of Care

On a community psychosocial support project, we had the experience of working with medical providers in primary care. The culture of primary care is fast-paced, with doctors, nurses and other staff often seeing clients all day for 15-min appointments. Collaboration with the medical providers was challenging but necessary for our client community who presented with complex medical conditions directly impacting their mental health and well-being. To overcome this barrier, we scheduled rotating lunch consultations with doctors, met them in their medical clinic, and introduced tools, such as ecomapping to encourage holistic conceptualizations of health. Over time, this practice led to better outcomes for clients in both their mental health and physical health and also increased transparency, respect, and open communication between disciplines. —Clinical social worker delivering services to refugees and asylum seekers

Survivors are engaged with and impacted by a wide array of systems—immigration, legal, health, education, social services—in an even wider array of settings such as clinics, hospitals, law offices, schools, public benefit offices, and food pantries, and no one practitioner or organization can meet all needs. As a result, social workers often collaborate with other disciplines when working with or on behalf of asylum seekers and refugees, which requires social workers to have knowledge beyond the scope of typical social work training and a readiness to practice at multiple system levels. To facilitate needed interdisciplinary collaboration, social workers across the service ecology can take leadership in establishing and supporting working groups or networks of programs engaged in refugee and asylum-related work. One model in New York City is Refugees and Asylee Service Providers (RASP), a consortium of providers working at micro, mezzo, and macro levels who share resources, provide support and community, and advocate for policy changes. Similarly, the Coalition of Immigrant Mental Health is a Chicago-based initiative comprising mental health practitioners, community organizers, researchers, and allies that aims to promote awareness of and access to culturally appropriate mental health services. Such collaborative models are helpful for enhancing access to needed services and can also be useful to support sustainability in the long term if, for example, there are shifts in funding or transitions in agency leadership.

Survivors and social workers also frequently engage with providers who do not have training in loss- and trauma-informed care and culturally responsive approaches, so validating clients' experiences as they navigate through programs, agencies, and various systems is crucial. Policies and practices impacting this community (e.g., requiring documents that people fleeing their country are unable to obtain) often do not accommodate the complexity of their needs and circumstances, so social workers frequently educate other providers and advocate for more inclusive policies at both an individual and systems level. Additionally, while interdisciplinary care and cross-disciplinary coordination are familiar to many social workers, specialized skills may be needed when collaborating with practitioners, program administrators, and policy makers who are unfamiliar with refugees and asylum seekers' needs, experiences, and eligibility for services. Examples of the ways in which social workers may take additional steps to link systems include facilitating communication between survivors and policy makers, providing anticipatory

guidance for refugee and asylee participants, engaging in research and outreach, and working outside of agency limitations by accompanying a participant to appointments. These activities center the survivors and are consistent with a trauma-informed care approach.

12.3.2.5 Practice Critical Self-Reflexivity and Anti-oppressive Practice Principles

I'm not sure what I'm feeling, why I'm feeling that way, and what to do with it. –A refugee therapist discussing the importance of self-awareness and supervision

Critical theories (i.e., feminist, anti-racist, intersectionality) and anti-oppressive frameworks that are rooted in recognizing, analyzing, and challenging injustices (Dalrymple & Burke, 2019) are valuable for social work practice with survivors of persecution. Practicing critical reflection provides social workers an approach to examining their “place within the social structure” (p. 92) and systems of oppression and inequity that impact survivors, as well as social work practice with survivors (Fook, 2002). Reflexivity has been defined as, “questioning what we, and others, might be taking for granted – what is being said and not said – and examining the impact this has or might have” (Cunliffe, 2016, p. 741). This practice is paramount given that survivors are navigating countless unfamiliar, disempowering, or disenfranchising institutions and situations. Furthermore, they may be reluctant to ask questions or to even know what questions to ask in order to access the information or explanation they might need.

It is important that social workers engage in intentional and ongoing self-reflexive practice (Baines, 2017). Whether entering into a therapeutic alliance with clients, engaging with communities or nationwide initiatives, conducting research, or influencing policy development, social workers should be aware of their own positionality and how their identities, values, and biases may perpetuate dominant ideologies that discount or disregard the knowledge of those with whom they are working. This is especially important when dynamics of trauma and domination can be recreated, such as in work with survivors of interpersonal violence.

12.3.2.6 Utilize Participatory Approaches

It is important to not make assumptions and to follow the lead of those whose lives have been disrupted....the effects of which are ongoing. –Former humanitarian aid worker and social work professor with a focus on forced migrant communities

Inherent to the principles of a loss- and trauma-informed approach and culturally informed practice frameworks is an ethos of collaboration and participation, which can be demonstrated across all practice settings and levels through efforts that center and amplify the voices and self-determination of participants. In micro practice, for example, social workers may eschew the traditional “expert” role and position themselves as co-learner and co-contributor. Saying things like, “Together, we will develop the path we will take in our work,” can

set the stage for collaborative work, which is particularly important given that many refugees and asylum seekers may expect practitioners to behave as “experts.” These values can also be conveyed through actions such as taking time to prepare tea or coffee for participants before meeting, having a seating arrangement that reduces physical barriers and allows for close proximity, providing options for services, and involving participants in decision-making. Social workers working at the mezzo and macro level can develop culturally attuned programs and policies and promote empowerment by involving forced migrants as active participants in planning, implementation, and leadership of projects and programs (IASC, 2007; IFSW, 2014; Ostrander, et al., 2017). It may be necessary to provide training and orientation on how to be an active participant, particularly for survivors coming from authoritarian contexts where taking leadership roles may have been dangerous and strongly discouraged. Participatory principles are equally relevant for research. Autonomy and partnership are foundational principles in the International Association for the Study of Forced Migration Code of Ethics (IASFM, 2018). The IASFM (2018) notes that “too often forced migration researchers are positioned as ‘experts’ on other people’s lives and experiences, and too often speak for, or in the name of, people in forced migration” (p. 2). Researchers can strive to involve stakeholders, including forced migrants, at every stage of the research process and may draw on community-based participatory research and participatory action research approaches to increase autonomy and partnership (Ellis et al., 2007; van der Velde et al., 2009; Xin, 2019). Such approaches center the experience of forced migrants as integral to framing solutions to their problems, thereby honoring their agency, respecting their priorities and values, and ensuring that initiatives are contextually rooted.

12.3.2.7 Work with Interpreters

Interpreters can enable survivors to tell their own stories in a therapy session, a human rights march, and a legislator’s office. –Program manager at a torture rehabilitation program

Collaborating with interpreters is often necessary when working in this field due to the diverse linguistic backgrounds of asylum seekers and refugees. Though the dynamics of working with interpreters are complex, a thoughtful approach can help reduce power differentials between interpreter, social worker, and participant; enhance therapeutic alliances when working clinically; and promote and center community voices when working at mezzo and macro levels. The therapeutic triangle model is a useful framework to guide work with interpreters and can be applied to practice at all levels. It involves collaborating with interpreters as an active and integral part of the service delivery team and healing process (CVT, 2005).¹⁰ To facilitate collaborative and effective work, practitioners are encouraged to meet with interpreters before individual, family, or community meetings to provide an overview of what to expect, discuss potentially unfamiliar terminology (e.g., mental health, legal, policy), plan seating arrangements, and discuss how to respond to emergent issues, among other topics. Taking such an approach is essential as interpreters facilitate communication and help ensure that survivors are heard and understood. The importance of this cannot be overstated, as threat to effective communication is deeply disempowering and can serve as a reminder of the many losses experienced through forced displacement.

¹⁰Refer to Chap. 3 of *Healing the Hurt* for a case example of the therapeutic triangle model.

Some practice settings are required to provide interpretation, and others commit to offering a professional interpreter regardless of a person's fluency in the host country language or the presence of a family or community member who is willing to interpret (Measham et al., 2019). In clinical practice, this provision of interpreter services demonstrates a respect for the client's culture; protects confidentiality; eases the burden of translation placed on family members, including the emotional burden of translating personal and difficult experiences; and promotes the dignity of the client.¹¹ Some service providers report difficulty with recruitment of professional interpreters in all the languages spoken by refugees and asylum seekers whom they serve and instead utilize community interpreters. Though refugee clients have expressed appreciation for community interpreters and often view them as allies due to their emotional proximity to the issues that impact refugees (Brisset et al., 2013), others may be concerned about issues of privacy and stigma when working with a member of their community.

Whether professional or drawn from the community, interpreters are essential partners in social work practice, and ensuring that interpreters receive adequate training, support, and supervision is important (Fennig & Denov, 2021). Given that interpreters are often from the same cultural community as clients, they are likely to have a close connection to the conflicts from which survivors have fled and may even have personally experienced similar traumas and losses. These factors can contribute to a higher risk of burnout, vicarious traumatization, and re-traumatization, so interpreter supports, such as HIPAA training and confidentiality role-plays, support groups, debriefing, and mental health training, are essential (Fondacoro & Harder, 2014; O'Hara & Akinsulure-Smith, 2011).

12.3.3 Direct Practice Competencies

Direct practice with refugee and asylum-seeking individuals, families, groups, and communities can take on various forms, including the provision of case management, mental health care, psychosocial support services, linking with other services, and training and educating other providers and stakeholders. Direct practice social workers may come into contact with refugees and asylum seekers through primary health-care systems, mental health organizations, schools, community organizations, refugee resettlement organizations, and welfare agencies. The following competencies focus on centering culture in assessment and intervention practices and adapting more traditional western models of practitioner-client relationship. They also include skills needed to work with refugee communities, receiving communities, schools, organizations, and/or providers working with refugees or asylum seekers.

¹¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) outline guidelines related to organizational structure, governance, quality improvement and language assistance. <https://thinkculturalhealth.hhs.gov/clas>

12.3.3.1 Engage with Diverse Concepts and Meanings of Health and Well-Being

It's important to understand the limits of Western conceptualizations. –A clinical social worker practicing with asylum seekers

Many refugees come from cultures in which mental health services are stigmatized and reserved for individuals experiencing severe and persistent mental illness, with other forms of emotional distress often being left untreated by helping professionals (Fabri, 2001; Zoellner et al., 2018). Refugees experience a variety of challenges that affect mental health, including adjustment to an unfamiliar host country, discrimination and systemic racism, separation from friends and family, grieving the deaths and disappearances of loved ones, the destruction of their homeland, losing personal identities and culturally significant roles, and stress related to finding and maintaining employment, transportation, and basic necessities (Deepak, 2018; Silove, 2013). Yet, refugees may not view these problems and their impacts through the lens of mental health and will draw on their social, cultural, historical, and religious background to interpret and make meaning of their experiences (Almoshmash et al., 2019). This may include, for example, expressing pain through the body or viewing experiences as an expression of karma (Rohloff et al., 2014). Further, Western mental health services that operate within an individualized medical model may fail to identify and address the psychosocial needs of refugees and the social meaning of their suffering (Kleinman, 2010). Refugees from non-Western cultures often seek help from family, community, and religious leaders and may feel hesitant to tell a stranger about their problems (Zoellner et al., 2018). Clinical work with refugees from Syria revealed that participants were especially hesitant to disclose personal information about their families which they viewed as bringing shame and disrespect to their family's honor. Factors pertaining to refugees' culture of origin intersect with structural issues in resettlement countries, such as limited community resources that are culturally acceptable and linguistically accessible and pose significant obstacles to connecting refugees with social workers and other providers of mental health and psychosocial support (Im et al., 2020).

12.3.3.2 Conduct Loss- and Trauma-Informed and Cross-Cultural Assessment

It is impossible to imagine effective work with persons in refugee situations without cultural considerations. This starts with establishing trust and an honest dialogue, and you must be receptive to learning from the person, showing authentic interest in them and their whole life experience. –Clinical social worker practicing with refugees and asylum seekers

Social work practice with individuals and families usually begins with the assessment process, which is not only an opportunity to gather pertinent clinical information but also more importantly, an opportunity to develop trust in the helping relationship. The social worker should center the survivor of forced migration as the teacher and guide of their own experience, culture, and identity (Fabri, 2001). Here, the social worker plays the role of a learner, demonstrating respectful curiosity and asking questions to confirm understanding. Such an approach is congruent with the concept of cultural humility, which emphasizes that clinicians keep an open mind to learning from clients about how they understand their cultural identity. Cultural humility also attends to issues of oppression and seeks to rectify power imbalances

present in clinical dynamics and society at large through advocacy (Hendricks & Congress, 2015).

A systemic orientation should be maintained throughout the assessment process (Fondacoro & Harder, 2014; Measham et al., 2019). This requires identification of relationships, strengths, and challenges in various domains, including family, community, host country, homeland, relevant cultural and spiritual contexts, and broader sociopolitical circumstances (Murakami & Shwe, 2015). When working with families, it is important to consider the members' varied experiences and timelines of persecution and migration, as these may impact the family's wellness and their need for, eligibility for, and access to additional supports. The social worker must also consider the client's trauma history and privilege the safety and empowerment of their clients over a personal agenda to quickly and thoroughly understand a client's story. Utilizing a modulated approach to explore the client's trauma history and experiences of loss helps ensure that they are in control of the pace and extent of their disclosure and thus reduces the likelihood of re-traumatization or becoming emotionally overwhelmed (Measham et al., 2019).

Various assessment tools that have been developed to support clinical assessment with a focus on culture, such as the culturagram¹² and spiritual eco-map,¹³ integrate questions that explore the local modes of expressing distress and understanding symptoms (Kirmayer, 2012) and also focus on identifying strengths rather than pathologies and deficits. These and other established tools can be used for evaluations across practice settings. The Cultural Formulation Interview (CFI)¹⁴ is a tool within the DSM-5 that is intended to support the psychiatric diagnosis process and, as such, is most useful for settings that ascribe to the medical model of assessment and intervention. Many clinicians and researchers do caution against pathologizing normal reactions to the stress, trauma, and loss that refugees and asylum seekers experience and argue that experience and expression of emotional distress are culturally bound phenomena that must be examined within their cultural context (Okawa, 2007). Clinicians working within the medical model are encouraged to maintain a stance of cultural humility, collaborate with interpreters and culture brokers, center the client's perspective on their problems and how to solve them, and undergo regular clinical consultation with peers and supervisors (Almoshmash, et al., 2019; Measham et al., 2019).

¹²The culturagram is a visual family assessment tool that conceptualizes culture as complex, multilayered, and irreducible to national background alone (Congress, 1994, 2008; Hendricks & Congress, 2015). It explores ten areas of family impact: reasons for immigrating; legal status; duration in country; languages spoken; health access and beliefs; impacts of crisis/traumatic events; contact with cultural institutions, holidays, food, and dress; experiences with racism, discrimination, and bias; education and work values; and family values.

¹³The spiritual eco-map integrates domains such as prayer, relationship to houses of worship, faith, and religious practice into a family genogram, helping clinicians better understand clients' relationship with spiritual systems in their environments (Hodge, 2015, 2019).

¹⁴The Cultural Formulation Interview explores four domains: cultural definition of the problem; cultural perceptions of cause, context, and support; cultural factors that affect self-coping and past help-seeking; and cultural factors that affect current help seeking (DeSilva et al., 2015).

12.3.3.3 Culturally Adapt Services

Every session began with my client holding my hand and giving me blessings for the care that I had given her and for the work we were about to do together. –Therapist working with Burmese survivors of persecution

Working with refugees often requires adaptation to the usual service delivery frame. Social workers may find themselves having to negotiate titles, meeting spaces, seating arrangements, roles, and boundaries to meet the needs of refugees. Adjusting boundaries in light of issues related to trauma and culture is often critical for building trust and providing good clinical care, and it should be considered on a case-by-case basis and evaluated by the potential therapeutic benefits and risks (Fondacoro & Harder, 2014). Examples of boundary adaptations that might occur in work with refugee and asylum-seeking clients include spending time with them outside of sessions and in community settings; conducting services at their home or other places outside the office,¹⁵ adjusting seats and lighting to respect cultural norms and address issues related to power and gender, eating food together, gift giving, taking a photo together, and using titles that reflect the client's associations for caring and helpful relationships, such as friend, brother/sister, teacher, guide, professor, or doctor (Fabri, 2001).

Considerations of trauma, loss, and culture also impact interventions. Various evidence-based practices have been cited as viable interventions for refugees, with the caveat that modifications or special considerations are often required to meet their particular needs (Kira & Tummala-Narra, 2015; Measham et al., 2019). Issues of clinical concern in work with refugees include the development of coping skills to manage stress, identifying strengths to empower and encourage self-healing, promoting sleep hygiene and general health, grounding, advocacy, processing grief and loss, generating safety, and increasing social support (Silove, 2013; Mollica, 2018).

Social workers can address many obstacles by adapting service models to include community-based outreach, relationship building, and psychoeducation as critical points of entry for mental health and psychosocial services. Engaging elders, cultural and spiritual leaders, interpreters, cultural brokers, and community members helps to create conditions of trust that facilitate acceptance of and engagement in mental health services (Fennig & Denov, 2021; Measham et al., 2019). Other intervention models adapt their services so that they can be provided directly in settings that are culturally relevant to refugees. Such models can also include transfer of leadership to community members by training them to provide services or implement a psychosocial program. An example of this is a peer-led mental health psychoeducation and trauma processing group for Somali refugees that was provided by a mosque, which drew upon verses of the Quran and stories of the Prophet to illustrate concepts of resilience and growth after hardship (Zoellner et al., 2018). Programs such as these reflect more recent approaches to refugee mental health, emphasizing resilience and integration over pathology and symptom reduction and

¹⁵ See Chap. 10 for a rich case study focused on conducting services outside the office setting.

increasing access through community-based services and the use of peers and other community members (Bunn et al., 2021b).

Integrating spirituality and collaboration with religious healers can also be particularly therapeutic for refugee clients who identify strongly with their faith and can be a resource for engaging culturally specific grief rituals and traditions (Pouchly, 2012). Studies of refugee mental health note the protective functions of spirituality and religion, such as providing coping skills for stress, facilitating access to social capital and participation in community, serving as a source of belonging and continuity for people frequently in transition, promoting resilience, consoling grief, cultivating acceptance and mindfulness, and offering strength and guidance (Hodge, 2019; Bryant-Davis & Wong 2013; Posselt et al., 2019; Meichenbaum, 2008; Muruthi et al., 2020). Social workers can explore potential spiritual resources and opportunities for intervention by inviting the client to share how people in their community usually heal emotional pain (Measham et al., 2019). Spirituality can also be used to deepen the therapeutic alliance, with the social worker participating in or bearing witness to the client's rituals and practices that relate to healing trauma and grieving losses.

12.3.3.4 Engage in Community-Level Work to Strengthen Collaboration

Community work should be led from within by community members and leaders. For social workers looking to collaborate with communities, both informal and formal community relationship-building are key components: Conduct a needs assessment in which the voices of community members are centered, meet with and build relationships with community members, work toward equitable collaborations, and work to dismantle paternalistic community engagement. –Clinical social worker engaged in service delivery with refugee and asylum-seeking communities

Refugee communities that are relatively larger in size and that have long histories of resettlement often have established informal and formal systems of support, networks, and organization—some of which are modeled after practices in their countries of origin. Working to meet the diverse needs of refugee and asylum-seeking communities often involves developing relationships and working directly with co-ethnic communities and community-based organizations.¹⁶ This may be done in a variety of ways, including responding to requests for training, sharing information about organizations and services, partnership building with community leaders, encouraging referrals, identifying and attracting interpreters, and promoting existing mutual aid work within communities. Such relationships and ongoing collaboration also naturally enhance social work practitioners' understanding of the problems facing the community and cultural considerations unique to diverse refugee and asylee communities. When working with community members and community organizations, it is important for social workers to be mindful of cultural norms related to leadership, hierarchy, and decision-making. For example,

¹⁶ The term *co-ethnic* refers to persons who are the same ethnicity.

identifying key stakeholders in a community and seeking opportunities to meet with them, taking steps to reduce power differentials during all engagements, planning sufficient time to meet with the community and to follow up, and listening to the needs of the community are just a few approaches that reflect cultural humility and community-centered approaches.

It is also important not to assume that engaging with the community is a priority for all refugees and asylum seekers. In certain cases, there may be a desire to maintain distance from co-ethnic community members due to safety concerns or negative experiences with stigma and discrimination. LGBTQ+ asylum seekers, for example, who are or were persecuted based on sexual orientation often feel that they will be unable to rely on the community or that such interactions may be harmful or risky.

12.3.3.5 Build the Capacity of Allies and Receiving Communities

Healing from the traumas of war and forced migration is not confined to the therapy room. In educating attorneys, doctors, social service providers, [and] teachers, among others, you are helping to create a community of support and a broader pathway to healing. –Clinical social worker and researcher focused on the needs of refugee and asylum-seeking communities

The reality is that most services will not be provided in refugee or asylee specialty settings. As such, social work practitioners frequently need to provide informal and formal training to diverse stakeholders to meet the complex needs of refugee and asylum-seeking individuals, families, and communities and support efforts to reestablish social support networks in the context of resettlement. Receiving communities often face challenges related to lack of capacity for culturally responsive services in many refugee-serving agencies, human and social services, medical settings, and schools. This may include a lack of understanding of refugees' and asylum seekers' experiences, legal processes and concerns, cultural backgrounds, and health and mental health needs (Im & Swan, 2020). Therefore, building the capacity of providers and stakeholders to be prepared for refugee and asylum communities and to meet their needs is often a critical role of social work practitioners.

In Minnesota, for example, the Center for Victims of Torture developed a comprehensive toolkit for practitioners to enable culturally responsive, trauma-informed care for a large number of Karen refugees who were being resettled to the greater Minnesota area (Northwood et al., 2020). Another toolkit was developed to promote relationship building within communities that receive refugees (Downs-Karkos, 2011). For many organizations, increasing the capacity of professionals and institutions to respond to the needs of refugees and asylum seekers is central to their model of care. For example, practitioners at the Marjorie Kovler Center in Chicago, IL, train attorneys, students, and pro bono clinical volunteers, among others, about the distinct needs of asylum seekers and torture survivors, as well as educate about culturally responsive engagement and care approaches. In addition to building the capacity of diverse professionals, these activities have a goal of building a broader

network of allies committed to care and anti-torture work (Fabri et al., 2009). At the Bellevue Program for Survivors of Torture in New York, NY, social workers meet with public benefit office staff, conduct hospital grand rounds, and lead continuing education trainings to promote awareness and skills of service providers. Organizations like Welcoming America lead initiatives and a global network of non-profit organizations and governments striving for more inclusive and welcoming communities (Welcome America, [n.d.](#)).

12.3.3.6 Build Capacity for Self or Collective Advocacy

So many survivors have honed incredible skills at managing to survive and seek safety — for themselves and for others — in the midst of extraordinary circumstances. Yet, many may not recognize this in themselves — or have been discriminated against in ways that have limited their sense of their personal and collective power. It can be very useful to provide spaces to explore different types of positive power and to foster opportunities for survivors to envision, enact, and reflect on experiences of harnessing these types of power to more directly claim their own and others' well-being and rights. —Mental health practitioner supporting asylum seekers and gender-based violence programming specialist

For many refugees and asylum seekers, trauma healing may also include efforts to address individual or collective injustices inherent to their experiences of war, political terror, torture, and forced migration (Joyce et al., 2012). For asylum seekers, obtaining asylum status based on experiences of credible fear and persecution is a principal priority and one that provides protected status in the country of exile and enables survivors to reunite with family members. Members of the Torture Abolition and Survivor's Support Coalition (TASSC), for example, speak to the media and lobby officials in the federal government about the needs and experiences of torture survivors.¹⁷ Other refugees and asylum seekers have contributed their stories and experiences to oral history or collective memory processes. Others have become staunch advocates for their communities, raising awareness about human rights violations and fighting for justice and freedom by establishing organizations, influencing legislation changes, and even testifying against their torturers in international criminal court.¹⁸ For others, justice goals may exist more at the individual or familial level and may be defined as being able to have their children grow up, free from the violence and problems that they fled.

Social work practitioners can play an active role in supporting clients' efforts to exercise power and participate in justice processes. Legal processes such as those described above are often emotionally draining and prolonged, and clients can benefit from support and accompaniment from social work practitioners throughout their participation. Clinical social workers may further support survivors' asylum claims by preparing a psychological affidavit and testifying in court on behalf of

¹⁷ See tassc.org for more information on the work of TASSC International.

¹⁸ See the documentary "The Dictator Hunter" and "Victim to victor: The story of Souleymane Guengueng" at <https://www.ohchr.org/EN/NewsEvents/Pages/VictimToVictor.aspx>

asylum seekers; specialized training and supervision is required for work in this area.¹⁹ In other circumstances, social workers may collaborate with affected communities to help organize activities, events, and goals in response to current events (e.g., increase in hate crimes, US immigration policies) and human rights issues in their country of origin (e.g., coups, elections) or for international days of acknowledgment, such as Human Rights Day (December 10), World Refugee Day (June 20), and International Day in Support of Victims of Torture (June 26). This may include providing education to refugees and asylum seekers about the political system and process in their resettlement context, providing information on their rights and risks of protesting, and advocating and empowering them to contact their elected representatives to voice concerns and needs.

12.4 Conclusion

This chapter reviews the multifaceted consequences of persecution, war, and forced migration on refugee and asylum-seeking communities, highlighting the ways in which culture is both deeply embedded within histories of persecution and forced migration and is a central resource for healing and rebuilding one's life in resettlement. Though much has been written about culturally competent practice at the micro level, a distinguishing feature of the social work profession is its multilevel focus as practitioners engage with refugee and asylum-seeking communities in diverse ways and contexts across the social ecology. Indeed, there are many varied ways in which social workers can assist, support, and accompany survivors of war and forced migration at the micro, mezzo, and macro level. The integrative practice framework offers guidance to strengthen social work practice with such communities with a particular focus on attending to issues of culture, trauma, and loss across roles, settings, and levels. Given the evolving nature of the field, it is important to actively monitor changes in policies impacting these populations in their country of resettlement to ensure that the needed specialized knowledge is accurate.²⁰ Our experience is that work in this area is deeply enriching yet best approached in community with others who are engaged and committed to such work.

12.5 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

¹⁹ See Physicians for Human Rights www.phrusa.org and International Rehabilitation Council for Torture Victims www.irct.org for more information on conducting psychological forensic evaluations.

²⁰ Refer to Migration Policy Institute, www.migrationpolicy.org

1. What are the consequences of war and forced migration for refugees and asylum seekers? Discuss the ways in which issues of culture, trauma, and loss are integral to their experiences.
2. What does it mean to center culture in practice? Provide examples of how social workers may approach this across all levels of practice. Also, discuss ways in which social workers may remain attuned to trauma and loss, regardless of their practice context.
3. Consider how your own cultural identity, positionality, and biases may influence your work with refugees or asylum seekers.
4. What challenges do you foresee in developing these competencies and utilizing these skills, and how might you navigate those challenges in your practice setting?

12.6 Pedagogical Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

1. *First-Person Narratives.* To bring the voice and expertise of refugees and asylum seekers into the classroom, instructors can use first-person narratives. Such books typically provide a rich description of the events and conditions that led to forced migration while contextualizing the personal experience. They can be read alongside more conceptual or social work practice literature. The authors of this chapter have used several books for this purpose, including *When Broken Glass Floats* (Him, 2001), *A Long Way Gone* (Bael, 2007), and *Left to Tell* (Ilibagiza, 2007). These books often include details about traumatic events that can be overwhelming or triggering to students. It is recommended that instructors make students aware of this prior to reading and also integrate skills and strategies on how to manage emotions that might arise in their course plans.
2. **Role-Plays.** To help students anticipate and practice the skills and competencies needed in this specialized practice, instructors can utilize role-plays.
 - (a) *An Assessment Interview.* Utilizing a bio-psychosocial assessment form from the field, students role-play an initial assessment interview with a torture survivor, asylum seeker, or refugee (the course instructor may be best positioned to play the role of the survivor). In advance, have students become familiar with the assessment form, review this chapter's skills and competencies framework, spend time reflecting on their own identities and histories and how they may impact the encounter, and discuss considerations for practice and how they may navigate challenges. Students in the observer role should record observations, questions, and feedback throughout the role-play. At the end of the role-play, facilitate a discussion, provide

feedback, and encourage peer feedback. As part of this, students can reflect on their own appearance and presentation and how this might affect the interview.

- (b) *Working with an Interpreter*. In groups of three or four, students role-play an encounter with a refugee or asylum seeker that is interpreted. Students will be in the role of client, social worker, and interpreter, and if available, observer. If all students speak the same two languages, then both can be used; if not, then the interpretation should be English-to-English. In advance, students should become familiar with standards of practice of the National Council on Interpreting in Healthcare (NCIHC), review this chapter's skills and competencies framework, and discuss considerations for practice and how they may navigate challenges. Ask students in the social worker role to assume the interpreter knows nothing about social work practice and the reason for some of the questions or what information is desired. What would they want to tell the interpreter to adequately prepare them to work as a full collaborator? Students in the observer role should record observations, questions, and feedback throughout the role-play. At the end of the role-play, facilitate a discussion, provide feedback, and encourage peer feedback.
3. *Field Trips to Local Community-Based Organizations*. Conducting a field trip to community-based organizations that work with refugees or asylum seekers can be a rich addition to coursework, allowing students to gain a hands-on experience of the community-based collaboration and engagement described in this chapter and a chance to engage with community leaders and learn about their work. The first author of this chapter integrates a field trip to the Cambodian Association of Chicago into a course on trauma and resilience in cross-cultural practice settings. This includes touring their killing fields museum and memorial, sharing traditional food, and speaking with staff about their healing work with the community. Prior to conducting such visits, it is recommended that instructors provide orientating readings on the population of focus and some initial resources about the organization and their work.
4. *Case Studies*. Utilizing field case studies is a great way to help students apply the knowledge and skills discussed in this chapter. Students working with this population or course instructors can provide a case study at the beginning of a class session or for a course assignment. Ask students to apply the concepts covered in the chapters' framework to the case study, considering approaches that they may take at micro, mezzo, and macro levels of practice or in different practice settings. Additional case studies can be found here: <https://www.refugeecouncil.org.uk/latest/case-studies/>. Case studies should differ by region/nation of origin, persecution history, immigration status, linguistic skills, or other demographics in order to promote critical thinking about how best to meet the client's needs. Students and instructors can refer to other chapters in this book for a deeper understanding of topics impacting forced migrants and experiences of specific populations to support their analysis of case studies.

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Chapter 13

Why Social Work Methodologies Are So Important in Delivering Mental Health and Psychosocial Support Interventions for Refugees in Humanitarian Settings



Peter Ventevogel and Claire Whitney

13.1 Introduction

Becoming a refugee has pervasive impacts on the mental health and overall well-being of individuals, families, and communities. Refugees not only lose their countries, their homes, and their livelihoods but often also their social networks, their social roles, and in many cases, their loved ones. The World Health Organization (WHO) estimates that around 22% of adults in conflict-affected populations, including refugees, have significant mental health issues, almost triple that of the general population (Charlson et al., 2019). For refugee children and adolescents, the situation is hardly any better (Fazel et al., 2012; Reed et al., 2012). The high prevalence of mental health issues in refugees has sometimes been attributed to the high number of potentially traumatic experiences many of them have experienced, but such a narrow approach has been fiercely criticized (Almedom & Summerfield, 2004; Ventevogel, 2018). The mental health of refugees is determined by a range of factors, many of them *social*, *economic*, and *political* in nature. In combination, these factors influence the risks of developing mental health conditions. The effects of these risk determinants are counterbalanced by a combination of individual, family,

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and community strengths, including supportive social networks and a sense of social connectedness. It is therefore important to conceptualize a mental health condition as an outcome that is influenced by a multitude of factors that need to be analyzed in coherence. Consequently, interventions to mitigate mental health outcomes should not primarily be informed by a deficit perspective that emphasizes risk factors for illness, but just as much by an asset perspective that focuses on protective factors preventing negative mental health outcomes and/or promoting mental health and psychosocial well-being (Mawani, 2014; Murakami & Shwe, 2015; Vindevogel & Verelst, 2020).

Over the last decade, attention for mental health and psychosocial support (MHPSS) in humanitarian settings has been growing, and a rich set of guidelines and tools has been developed (see Chap. 5 for an overview of MHPSS policies and frameworks). A key premise in guidance documents such as the IASC Guidelines of MHPSS in Emergency Settings (Inter-Agency Standing Committee, 2007), the Sphere Handbook (Sphere Association, 2018), and the Operational Guidance on Community-based MHPSS in humanitarian settings (UNICEF, 2018) is that MHPSS services should be conceptualized as a multilayered set of interventions across sectors and with different types of support, as illustrated in Fig. 13.1.

The top layers of the Pyramid in Fig. 13.1 (3 and 4) focus on the provision of direct support to persons and families in need, while the bottom layers (1 and 2) describe more indirect ways of working, in which MHPSS staff facilitate the provision of support by other stakeholders (Weissbecker et al., 2019). In the authors' view, the role of social work in these various layers is not always sufficiently emphasized, which is unfortunate, because social workers can play key roles in interventions in each of these layers, and methodologies derived from social work can inform the work at all levels of support and services: activities in layer 1 (social considerations in basic services and security) are aimed at ensuring that



Fig. 13.1 Pyramid of multilayered services and supports. (Inter-Agency Standing Committee, 2007)

humanitarian assistance is provided in ways that protect the rights and dignity of all people and that are conducive to mental health and psychosocial well-being. Doing so requires promoting equitable access to basic services for all people, including marginalized and hard-to-reach groups, such as people with mental health conditions. This framework aligns closely with values that are central to the social work profession, such as social justice, preserving and promoting human dignity of the person, and including voices of all social groups (Horn et al., 2016).

Interventions in layer 2 focus on strengthening the capacity of families and communities to effectively support themselves and others. Using social work perspectives around fostering social cohesion within communities and using strengths-based approaches to promote resilience are of critical importance in achieving layer 2 aims. Work in layer 2 links closely to the role of social workers in social development work, using community-based, participatory, and rights-based interventions to support community agency and the capacity of community members to support one another (Gray, 2016; Spitzer, 2014).

Layer 3 includes psychosocial support through individual, family, or group interventions for those who find it difficult to cope within their own support network. Such interventions can be delivered by a range of workers, including social workers, after training and with ongoing supervision. Within global mental health work, the use of task-shifting approaches has been hailed as a major breakthrough, while in the field of social work, as well as in practice with refugees, cooperating with skilled “nonspecialists” has always been common (Shaw, 2014).

Layer 4 constitutes clinical mental health and psychosocial services for those with severe symptoms, or for individuals whose intolerable suffering renders them unable to carry out basic daily functions. Such interventions are usually led by mental health professionals, including clinical social workers, but can also be led by other specialists in social work, such as in the role of case manager of persons with complex mental health conditions. This brief discussion of various elements of comprehensive MHPSS programs in refugee contexts already demonstrates the close conceptual links between MHPSS and social work.

Videos 13.1 and 13.2 provide an additional introduction to social work methodologies for MHPSS in humanitarian settings.

13.2 Theories of Social Work as a Foundation for Comprehensive Service Delivery in Mental Health and Psychosocial Support

Considering various complex needs of many refugees that lead to or exacerbate emotional distress and mental health conditions and the interconnectedness of social needs with mental health and psychosocial well-being, it is critical that support services are designed appropriately. Furthermore, given the dearth of a qualified mental health workforce in low- and middle-income countries, it is essential to

engage nonspecialists in these countries to help make support services available. Social work models are key to designing and delivering comprehensive MHPSS services. This section will review the theoretical underpinnings of social work, and the subsequent section will illustrate its pertinence in being adapted for humanitarian settings.

The traditional field of social work can be defined as the profession of helping individuals, families, groups, or communities restore or enhance their well-being and capacity for social functioning, as well as advocating for societal conditions and services that promote this objective. Social work practice is founded upon key theories of social sciences, principles of social justice, human rights, respect for diversity, and doing no harm (International Federation of Social Workers General Meeting & IASSW General Assembly, 2014). Many social scientists posit that to truly understand well-being and mental health, a holistic, ecological view and understanding the person-in-environment are essential (Germain, 1991). Foundational in social work approaches is the use of the socioecological framework, which provides a lens through which to understand an individual in their environment and the interactions between that individual at all levels of that system (Brandell, 2020). The well-established model of Bronfenbrenner describes four levels: macro, exo, meso, and micro, which identify influences as intercultural, community, organizational, interpersonal, or individual (Bronfenbrenner, 1979). A critical component of this model is the continuous interaction and evolution between various levels, which makes it very useful in humanitarian settings that are characterized by rapidly changing contexts that profoundly influence the mental health and psychosocial well-being of individuals, families, and communities.

Additionally, the field of social work promotes strengths-based and resilience-oriented approaches while working with people facing adversity and distress. This is founded upon social work's common principles of respectful collaboration with clients (1) to identify their stressful life challenges and (2) to build on and expand their strengths and mobilize resources within families, social networks, and larger systems. In opposition to earlier notions of deficit-oriented assessments and interventions, the strengths-based model is centered on the strengths and protective resources that individuals might have, both within themselves and across their social support networks (Ungar & Theron, 2020). Furthermore, a resilience-oriented approach builds on core strengths-based, collaborative principles, focusing intervention and prevention efforts on bolstering capacities to overcome highly stressful challenges, including adverse events, disruptive life transitions, and cumulative strains of persistent, multi-stress conditions (Masten, 2014; Walsh, 2016).

13.3 MHPSS Case Management

In humanitarian emergency settings, there is a critical need for social workers to offer holistic support as part of a multidisciplinary team to address multiple and complex needs of those in distress and with mental health conditions. However,

many low- and middle-income countries do not have well-developed systems for social work education, and in many countries, the profession of social work is not well defined. Instead of responding with little to no credentialed social workers, counselors, or psychologists, it can be strategic and effective to train and supervise others as *paraprofessional social workers*, typically known as psychosocial workers (PSWs), in mental health case management and provision of basic levels of psychosocial support. Case management is a collaborative process whereby a professional assesses the needs of a client and the client's family and arranges, coordinates, monitors, evaluates, and advocates for a package of services to meet the specific client's complex needs (National Association of Social Work, 1992). Mental health case management endeavors to optimize client functioning by providing services in the most efficient and effective manner to those with multiple and complex needs. Services are client-centered, empowerment-oriented, and based on the promotion and protection of fundamental human rights (International Medical Corps, 2017a). Paraprofessional social workers can be successfully prepared to deliver social work and psychosocial support if enough investment is made in comprehensive training and supervision. For example, the International Medical Corps developed a ten-day training package in mental health case management—henceforth referred to as MHPSS case management—that has been used in nearly a dozen diverse humanitarian settings to build the capacity of paraprofessional social workers. The International Medical Corps MHPSS case management approach in humanitarian settings aims to (1) be multidisciplinary, (2) be client-centered, (3) meet diverse needs, and (4) promote best practices. These are the four pillars:

13.3.1 Pillar 1: Multidisciplinary

Emergencies affect a person's physical, psychological, and social well-being. MHPSS case management teams should work in close collaboration with diverse service providers, including general primary health care practitioners and nurses, psychiatrists, mental health nurses, psychologists, and local community support centers to meet a person's physical, psychological, and social well-being needs. A wraparound system of service provision should be emphasized as the most effective and sustainable approach to provide supports.

13.3.2 Pillar 2: Client-Centered

MHPSS case management systems consider each client's unique situation to create tailored care plans for addressing their identified needs. Case managers work with clients to understand the client's role within their family, community, and society and to identify how this role relates to their daily functioning. Clients identify and prioritize their own chosen goals and objectives to meet their needs. Case managers

support and advocate for clients at the micro, meso, and macro levels as they seek to connect with formal service providers and family and social supports.

13.3.3 Pillar 3: Meeting Diverse Needs

It is critical to identify and encompass the needs of the client as a whole, considering family, community, social, medical, emotional, spiritual, legal, educational, safety, and cultural domains. Services are provided in the least-restrictive and least-intrusive manner, helping to prevent the need for a higher level of care and sustaining community supports. The specific needs of vulnerable populations are met through multidisciplinary, client-centered, and holistic MHPSS case management.

13.3.4 Pillar 4: Promoting Best Practices

MHPSS case management services should follow and promote global guidelines, such as the Inter-Agency Standing Committee's (IASC) Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings (Inter-Agency Standing Committee, 2007), which set standards for a multilayered MHPSS emergency response—as explained in detail above—that ranges from very basic (e.g., considerations for how to provide for basic needs in a way that promotes dignity) to more specialized (e.g., psychiatric care). Mental health case managers are trained in using these guidelines to ensure appropriate referrals between all levels of care, making use of formal as well as informal support systems, and advocating for accessible and comprehensive services. It is essential that MHPSS interventions are adapted to local culture and context, in accordance with global best practices (see, e.g., Heim and Kohrt (2019); see Chap. 12 for a more detailed discussion of cultural considerations regarding trauma).

A multidisciplinary treatment team is essential to the delivery of MHPSS case management services (Ventevogel et al., 2021). Ideally, such a team would include social workers or psychosocial workers conducting case management, offering psychosocial support, and possibly providing a scalable psychological intervention; psychologists or psychiatrists providing mental health care, where available; doctors or other general health workers trained in mental health, such as through the mental health Gap Action Programme (mhGAP) of the World Health Organization¹ (Echeverri et al., 2018; Keynejad et al., 2021; World Health Organization, 2010,

¹The mhGAP consists of a range of tools to assist the integration of mental health into non-specialized health care. The most widely known tools are the mhGAP Intervention Guide (World Health Organization, 2010, 2016a, b) and the mhGAP Humanitarian Intervention Guide (World Health Organization and United Nations High Commissioner for Refugees, 2015), which are both widely used in refugee contexts (Echeverri et al. 2018; Keynejad et al., 2021).

2016a; World Health Organization & United Nations High Commissioner for Refugees, 2015); mental health nurses; and pharmacists. The team works together to ensure there is a coordinated approach to treatment across various levels of care. Ideally, multidisciplinary team meetings would be held regularly to discuss complex and high-risk cases and to coordinate treatment plans.

A stepped mental health care model can be incorporated as a framework in emergent and non-emergent situations (International Medical Corps, 2017b). Utilizing this model, individuals' needs are to be managed at the lowest level of care possible (e.g., a psychosocial worker providing basic emotional support and case management). Depending on identified needs, individuals may move up or down across levels of care. Mental health case managers, whether social workers or psychosocial workers, can conduct preliminary biopsychosocial assessments and determine which external referrals are needed in order for individuals to have basic needs met, such as protection, health care, economic support, or shelter, offered by other community-based service providers. Case managers can also refer those demonstrating moderate to severe mental health conditions for treatment by professionals trained to deliver psychological or psychiatric interventions. The case manager plays a fundamental role in ensuring ongoing follow-up, support, and advocacy for the client, to ensure that all needs are adequately addressed.

13.4 Scalable Psychological Interventions and Task-Shifting Approaches

A key premise in extant MHPSS guidance is that services can be delivered by a range of workers, including psychologists, nurses, doctors, social workers, psychosocial workers, and nonspecialist community workers, when they have followed competency-oriented trainings and are included in a system for supportive supervision. This is called "task shifting" or "task sharing," and such approaches have become widely popular in the field of humanitarian mental health and psychosocial support in the last years. Social workers can play significant roles in building capacity around such service delivery approaches and in providing and coordinating scalable psychological interventions, such as Problem Management Plus (World Health Organization, 2016b), Group Interpersonal Therapy for Depression (World Health Organization & Columbia University, 2016), Comment Elements Treatment Approach (CETA) (Murray et al., 2014a), Self Help Plus (Epping-Jordan et al., 2016), and Integrated Adapt Therapy (Tay et al., 2019). These interventions have been developed or adapted for use in humanitarian settings, and while their methods vary considerably in intensity and methodology, they share important characteristics: (1) Manuals are available for each, with clearly described, practical steps focusing on implementation with minimal theoretical background; (2) they can be implemented by people with minimal prior experience in psychotherapy on the condition that they follow a brief but intense competency-based training of four to ten

days, followed by regular (ideally weekly) supportive clinical supervision; (3) they are transdiagnostic, focusing on a range of mental health disorders and often also “subthreshold conditions,” rather than one specific mental health condition;² and (4) they are evidence-based, meaning they have been tested in practice and have proven effectiveness, including with diverse populations affected by conflict. The surge of such methods in recent years has been hailed as one of the main achievements in global mental health and has the potential to make psychological treatment available to millions of people who could benefit but have previously been deprived (Singla et al., 2017).

The field of scalable psychological interventions is rapidly expanding, and this has led to confusion in the field about when to use which method. Table 13.1 shows an overview of scalable transdiagnostic psychological interventions that are most widely used in, or are most relevant for, humanitarian refugee settings.

There are certainly differences between the methods, and some may be more appropriate in certain situations than others. The following are three areas of divergence.

First, interventions have been developed or used in different geographical contexts. For example, a method such as the Friendship Bench has been successful in southern Africa, while evidence about the effectiveness around Integrated Adapt Therapy is mostly collected with conflict-affected populations from southeast Asia.

Second, there are clear differences in the intensity of resources that are required and the number of people who can be reached across the scalable transdiagnostic therapeutic modalities listed. The least resource-intensive is Self Help Plus, which showed positive effects in South Sudanese refugee women and in refugees in Europe and Turkey. The results are statistically significant, but the effect sizes are small and transient. Therefore, the next wave of research will focus on how to link interventions within a system of stepped care. For example, Self Help Plus may be used as a first step that is sufficient for many people with milder forms of mental health issues; for those where it is not sufficient, a referral to a second step consisting of more intensive treatment, such as Problem Management Plus, could be made. Some of the comparatively more intensive methods (i.e., those that require 8–12 sessions), such as Interpersonal Therapy for Depression or the Common Elements Treatment Approach, have developed briefer versions of two to three sessions that can be used in a system of stepped care (Shultz et al., 2019; Weissman et al., 2014). The more complex an intervention is, the more critical it is that efforts and resources are identified and secured to invest in ongoing capacity building and supervision for nonspecialists.

Third, the effectiveness of each intervention varies with regard to target groups. Some interventions have gender-specific issues with treatment compliance. For example, during the pilot testing of Self Help Plus among South Sudanese refugees in Uganda, men had major compliance issues, and some struggled with alcohol and

²Interpersonal Therapy for Depression is an exception because it was originally developed for treatment of depressive disorders, but evidence is mounting that the methods are also effective for other conditions, such as post-traumatic stress disorder (Althobaiti et al., 2020; Meffert et al., 2021).

Table 13.1 Overview of scalable psychological interventions

Intervention	Description	Target population	Areas of use
<i>Problem Management Plus (PM+)</i> Individual version Group version	Based on cognitive behavioral therapy, participants learn to use four techniques: stress management, problem solving, behavioral activation, and strengthening support Individual version: 5 sessions of 90 min Group version (6–8 participants): 5 sessions Basic training is 10 days + regular supervision Randomized control trials (RCTs) in Pakistan, Kenya (non-refugees) showed small to moderate effect sizes on a range of outcomes (Bryant et al., 2017; Rahman et al., 2016; Rahman et al., 2019). As a part of the STRENGTHS consortium, six RCTs of adapted PM+ interventions for Syrian refugees have taken place (Acarturk et al. 2022; Bryant et al. 2022)	For adults with depression, anxiety, and stress, including people who do not have a diagnosis	Widely translated and used by UNHCR partners and IMC in: The Middle East and North Africa (Iraq, Jordan, Lebanon, Syria) Sub-Saharan Africa (Chad, Central African Republic, Ethiopia, Kenya) Asia (Bangladesh) Europe (Greece, Turkey, Switzerland, Netherlands) The Americas (Colombia, Panama)
<i>Interpersonal Therapy for Depression (IPT)</i> Group version Individual version (in development)	Aims to reduce depression by improving interpersonal skills to address loss, role transitions, interpersonal conflicts, and social isolation Group version: 8 sessions Individual version: 8–12 sessions Brief 3 session version as first line treatment Basic training: 4–7 days + refresher and weekly clinical supervision RCTs in conflict-affected populations in Uganda showed strong improvements on depression outcomes and related scales (Bolton et al., 2007; Bolton et al., 2003) with research ongoing in Colombia and Nepal (Rose-Clarke et al., 2020; Shultz et al., 2019)	For adults with mild, moderate, or severe depression. Can be effective for other conditions as well	Implemented through UNHCR and Teacher's College, Columbia University in Bangladesh, Tanzania, and Peru Used by IMC and others in Lebanon and Syria

(continued)

Table 13.1 (continued)

Intervention	Description	Target population	Areas of use
<i>Self Help Plus (SH+)</i> Group version (See Epping-Jordan et al. (2016))	Guided self-help for emotional distress with a self-help book and audios 5 weekly sessions for groups up to 30 people Basic training of facilitators takes around 3–5 days and requires minimal supervision RCT with South Sudanese refugee women demonstrated small and transient effects, but very low compliance among men. Research among refugees in Turkey and Europe showed that SH+ had a preventive effect on the development of mental health problems (Purgato et al., 2021)	For adults with mild-moderate depression or anxiety	South Sudanese women in Uganda Refugees and migrants in Europe Syrian refugees in Turkey (IMC pilot)
<i>Integrated Adapt Therapy (IAT)</i> Not yet in public domain See Tay et al. (2019)	Based on the Adaptation and Development after Persecution and Trauma (ADAPT) model (Silove, 2013), this method uses elements of cognitive behavioral therapy that are tailored specifically for refugees, with attention to how the refugee experience is connected to psychological symptoms Individual model (6 sessions) Group model (7 sessions) Basic training takes seven to ten days RCT with refugees in Malaysia showed good results (slightly better than PM+) (Tay et al., 2020). A naturalistic study with Rohingya refugees in Bangladesh showed strong improvements (Tay et al., 2021)	For refugee adults	Myanmar refugees in Malaysia and Bangladesh Refugees in Australia

<i>Community-based Sociiotherapy (CBST)</i> See https://iicbs.org/ and Dekker (2018)	Primary goal is to strengthen social connectedness, social support, and trust; create a safe social space for people to discuss difficult issues; and provide emotional and practical support. Participation in the group is based on social issues (i.e., marginalization, mistrust), not based on psychopathology. The group typically consists of diverse people who come from the same community (“area-based approach”) facilitated by two facilitators from the same community. 15 group sessions of 2–3 hours with 8–12 persons Basic training with an apprenticeship model takes 6–9 months (part-time) Research in Rwanda showed improvement of civic participation and mental health (Schofte et al., 2011; Verduin et al., 2014)	Adults	Conflict-affected populations in Rwanda, Burundi, DRC, Ethiopia and Liberia. Currently ongoing research with Congolese refugees in Rwanda and Uganda
<i>Common Elements Treatment Approach (CETA)</i> Not yet in public domain. Description of the methods can be found in Murray et al. (2014a)	Flexible approach tailored to the specific complaints of the client. Based on cognitive behavioral therapy with a modular approach for treatment of depression, anxiety, substance use, and trauma and stress-related disorders 8–12 individual 1-hour sessions Briefer versions and group versions are possible Training takes minimal seven days and is followed by intensive supervision RCT in Iraq, Cambodia, Ethiopia and Zambia show strong effects (Bolton et al., 2014; Murray et al., 2015, 2018a) with studies in Ukraine ongoing (Murray et al., 2018 b). More information here	Adults and children	Internally Displaced Populations in Iraq and Ukraine Refugees in Thailand Refugees in Ethiopia Nationals in Zambia and Myanmar

(continued)

Table 13.1 (continued)

Intervention	Description	Target population	Areas of use
<i>Thinking Healthy</i> Group version	Specifically designed for women with perinatal mental health issues. Based on cognitive behavioral therapy 15 group sessions Training takes a week RCT in Pakistan and India show good reduction of depression symptoms (Fuhr et al., 2019; Rahman et al., 2008, 2016)	Women with perinatal depression	Pakistan/India (non-refugees) Yemen (non-refugees)
<i>Friendship Bench</i> Not yet in public domain. Description of the method can be found in Abas et al. (2016). More info here.	Developed in Zimbabwe for people with mild and moderate mental health conditions, based on problem solving therapy and cognitive behavioral therapy, including activity scheduling followed by peer led group support Individual therapy (3 or more session) Training takes about a week RCTs in Zimbabwe show positive outcomes on depression symptoms (Chibanda et al., 2016)	Adults	Zimbabwe

anger management issues that the intervention did not specially address (Tol et al., 2018). In the full randomized controlled trial with Self Help Plus, only female participants were included (Tol et al., 2020b). New research is being set up to adapt the intervention to make it more relevant for South Sudanese refugee men.

Despite these differences, there are also major commonalities between the methods. Helping people with psychological difficulties requires basic helping skills such as “promoting hope and realistic expectancy of change,” “keeping confidentiality,” “giving praise,” “psychoeducation,” and “rapport building” (Pedersen et al., 2020). A next step in the development of scalable psychological interventions will be to standardize methods of training and to assess these competencies so that these components can be used across intervention methods (Kohrt et al., 2020).

13.5 Rolling Out of Manualized Approaches Versus Building Support from the Bottom Up

Many of the interventions mentioned above are aimed at reducing symptoms through brief, well-researched interventions that are described in a treatment manual. Often the target is an individual with symptoms. However, it is also possible to use similar methods, using task-sharing approaches, for interventions that target a social group, such as a couple, a family unit, or a community. An example is the Family Strengthening Intervention, which consists of 10 to 12 sessions with activities to improve parenting skills and communication between family members, as well as to strengthen connectedness within a family (Farrar & Betancourt, 2021). This typical social work approach was successfully delivered by lay community workers in Rwanda, who had been trained through structured, competency-oriented, classroom-based instruction that contained many experiential approaches such as role-plays and expert modeling. It was later successfully adapted for post-conflict Rwanda, as well as for Somali Bantu and Bhutanese refugees in the United States (Frounfelker et al., 2020).

However, MHPSS is not merely a matter of providing interventions *for* people, as it also includes interventions that promote restorative environments within families and communities, to enable them to support each other more effectively. This requires empowering approaches that strengthen the agency of people in contexts of chronic and severe adversity and leans heavily on strengthening community participation (Giordano & Ungar, 2021; Wessells, 2015). An often-voiced critique on “mainstream” MHPSS interventions is that the provision of supports may not reflect a genuine spirit of partnership, but may amount to neo-colonial imposition (Ager, 2021). It is a priority of the emerging field of MHPSS to develop more evidence around community-based psychosocial methods that focus on social connectedness and interpersonal “healing” (Jones & Ventevogel, 2021).

The power of grassroot approaches in MHPSS can sometimes be overshadowed by the impressive evidence that has been gathered from randomized controlled

interventions with scalable psychological interventions, but it is worthwhile to provide some practice examples of attempts to work through social dynamics in communities to generate improved psychosocial well-being. The first example is from Afghanistan in the early post-Taliban years. An NGO consortium was formed with the aim of improving psychological well-being of children in an Afghan province. Using a quasi-experimental design, the project compared the effects of a “psycho-social” intervention (Child Centered Spaces and activities facilitated by Child Well-Being Committees) with a water-sanitation program consisting of the construction of wells, using a highly participatory process. A year later, the researchers found that the community-based water intervention had greater impact on children’s well-being than the psychosocial intervention (Loughry et al., 2005).

Another example is the community-based sociotherapy approach that has been developed in post-genocide Rwanda. This psychosocial program uses a model with 15 group sessions of two to three hours, in which participants go through a phased process that aims to restore and strengthen feelings of safety, trust, and dignity and to promote social cohesion and mutual care in communities affected by violent conflicts or natural disasters. In contrast to other methods, this is an area-based approach in which the members of the group live in the same community and have contact with each other outside of the group setting. Groups of 10–15 persons are facilitated by two facilitators who are recruited locally. The groups constitute safe spaces for people who suffer from social isolation and psychological pain and offer opportunities to socially (re)connect, as well as address individual suffering through the “holding environment” of the group (Richters, 2015). This methodology contributes to repairing the shattered social world in communities that suffer from the effects of collective violence and structural adversity (Richters, 2010). The emphasis on the social is important because people in affected communities often define their problems in terms of broken social relations, lack of solidarity, and lack of mutual support (Chiumento et al., 2020; Ventevogel, 2015). Interestingly, research on the effects of this profoundly social intervention found that, in addition to increases in civic participation (increased social capital), it also had positive effects on the individual mental health of those who participated (Scholte et al., 2011; Verduin et al., 2014). Methods related to community-based sociotherapy have been implemented outside of Rwanda, including in Ebola-affected communities in Liberia (Morelli et al., 2019) and among Congolese refugees in Uganda (COSTAR, n.d.).

In the development of the field of humanitarian mental health and psychosocial support, there were fierce debates between those who promoted such community-based approaches and the proponents of trauma-focused approaches (de Vries, 1998; Summerfield, 1999). Somewhat schematically, the focus of the former was on healing the *social fabric* of conflict-affected populations, while the latter focuses on healing the *individual minds* that are overwhelmed by traumatic memories. These differences are linked to disagreements about the extent to which psychological knowledge is universally generalizable or context-specific and, subsequently, whether to take a “technocratic” approach to intervention. Considerations need to be made regarding whether to implement targeted interventions on a large scale as

efficiently as possible or use an approach in which local priorities and understandings are the starting point of a lengthy and participatory processes of decision-making, led by affected communities (Ager, 1997). This debate has somewhat subsided, largely due to two interrelated developments: first, the consolidation of MHPSS as a humanitarian field, prompted by the publication of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Inter-Agency Standing Committee, 2007), which was a remarkably successful exercise in pragmatic consensus making (Ager, 2008; van Ommeren & Wessells, 2008), and second, the emergence of global mental health in the global health arena, with its emphasis on task-shifting approaches and the use of simple, transdiagnostic treatment approaches (Ventevogel, 2018). However, the underlying tensions between the rollout of manualized interventions versus implementing bottom-up approaches that facilitate social action by communities are still present within the field. See, for example, the discussion on Self Help Plus in Uganda between Torre (2020) and Tol et al. (2020a). Exploring the theoretical arguments of this debate falls beyond the scope of this chapter, but for an overview, refer to Almedom and Summerfield (2004), Rehberg (2014), Strang and Ager (2003), and the work of the Psychosocial Working Group (2003). More recently, Miller et al. (2021) described the tensions and complementarity between what they call “clinical approaches,” with focus on change that occurs within an individual, and “social-environmental approaches” that work through preventative and promotive interventions and tackle underlying structural social determinants of distress, such as discrimination, poverty, and dysfunctional or absent social networks.

While there is broad support for the notion that both personalized and communal approaches are required and complementary, there is a real risk that valuable bottom-up approaches in MHPSS get sidelined and that valuable lessons are lost.

In the blossoming field of humanitarian MHPSS, social workers have a unique and critical role to play in keeping the heritage of community empowerment alive and in promoting holistic mental health and psychosocial support interventions that position individuals within their social environment.

13.6 Case Study: Introducing Problem Management Plus in the Central African Republic

The Central African Republic (CAR), an extremely low-resourced country, has been facing an ongoing humanitarian crisis, including armed conflict, sexual violence, and displacement, with approximately 2.6 million people requiring humanitarian assistance (United Nations Office for the Coordination of Humanitarian Affairs, 2020). While there has been an increasing need for mental health services, there is a critical dearth of a mental health workforce, with not a single practicing Central African psychologist or psychiatrist in the country (Castro, 2014; Patel et al., 2020).

International Medical Corps has been rolling out WHO's mental health Gap Action Program to equip health staff to identify and manage priority mental health conditions, using the WHO-UNHCR Humanitarian Intervention Guide (World Health Organization & United Nations High Commissioner for Refugees, 2015). However, training medical staff alone is not enough, and the team recognized the need to introduce low-intensity psychological interventions to ensure adequate non-pharmacological support for those with mild-to-moderate mental health conditions. The team chose Problem Management Plus (PM+)³ in building competency of non-specialists to safely deliver brief, evidence-based treatment under the supervision of mental health specialists.

Preliminary planning included the following: (1) community dialogues with community leaders, health care providers, and possible recipients to introduce the benefits of using non-pharmacological interventions to improve mental health and well-being, (2) the translation and cultural contextualization of the PM+ manual to the CAR context and appropriate evaluation scales, (3) training health care providers (nurses and case managers) to deliver PM+, (4) planning a robust supervision process, and (5) implementing a comprehensive monitoring and evaluation system (Mbaka Mbeye, undated).

In March 2020, the nation's first individual PM+ training was rolled out for International Medical Corps and Ministry of Health staff in two sites, Bambari and Bria, where there are higher concentrations of individuals affected by conflict and other social challenges but very limited support services. The second author of this chapter, International Medical Corps' Senior Global MHPSS Advisor, herself a clinical social worker, led the training with support from psychiatrists from neighboring Democratic Republic of Congo, who subsequently provided ongoing individual and group clinical supervision to each trainee for the five sessions of the PM+ intervention for two clients each. An in-depth cultural and contextual adaptation process took place, in line with the guidance provided in the PM+ manual, with native Central African staff and community members. Subsequently, community-level discussions were held to discuss the intervention, explain its benefits, and cultivate support for participation. As beneficiaries started receiving the intervention and understanding its impact, they offered feedback about their experiences, which was collected as part of the ongoing monitoring and evaluation of the intervention rollout. One of the persons who participated in PM+ was Céleste,⁴ a 29-year-old woman who presented with depression, including insomnia and a variety of physical complaints. She faced difficulties with her husband, was increasingly isolating herself, and could not properly care for her children or complete household tasks. In the PM+ session, she learned various techniques to cope with her problems, including relaxation techniques, strategies to complete daily activities, and ways of engaging social supports. Since implementing the identified solutions, she felt her life was

³ See https://www.who.int/mental_health/emergencies/problem_management_plus/en/; <https://www.who.int/publications/i/item/9789240008106>

⁴ Participant's name has been changed to maintain confidentiality.

improving; she was sleeping better, and her relationship with her husband also improved, to the point where he came to the mental health team to thank them for the intervention. Another beneficiary, Amina, reported: *“For me, stress management and the cycle of inactivity were very useful... That’s how I resumed activities in the fields, which I thought impossible at one time”* (Mbaka Mbeye et al., n.d.). Trained PM+ providers expressed satisfaction with the ability to offer basic psychological support that did not require a pharmacological intervention, as is customary in the country.

These initial findings indicate that building capacity of non-mental health specialists to safely and effectively deliver a basic psychological intervention has been successful and that structured brief psychological support interventions can effectively be made available to communities in extremely resource-poor communities affected by violence and displacement. Research and implementation will continue in the coming years, and many challenges lay ahead to transition the project from the pilot phase to integration in routine service delivery. Scaling up to reach large populations will require multiple and long-term efforts to secure funding and realize systemic changes (Murray et al., 2014b; Woodward et al., 2021). Creating a system of supportive supervision in which lay providers feel safe to discuss the difficulties they face is key to the sustainability of the International Medical Corps and Ministry of Health’s mental health Gap Action Project in the Central African Republic, and ones like it (Kemp et al., 2019).

13.7 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. This chapter discussed task-shifting approaches around mental health and psychosocial interventions: in low resource settings, nonspecialists are trained and supervised to deliver interventions that are restricted to licensed professionals in high-income countries.
 - (a) What challenges and risks do you see in using such approaches?
 - (b) What strengths and opportunities might there be in using such approaches?
 - (c) Do you think that such scalable psychological approaches could also be used to provide psychological interventions to marginalized groups in high-income countries, such as the United States?
2. This chapter argues that social workers have a unique skill set to offer in humanitarian programming for mental health and psychosocial support in humanitarian settings.
 - (a) Do you agree? Why or why not?
 - (b) Does it seem feasible to effectively train paraprofessionals as social workers to safely conduct case management and/or provide psychosocial support?

- (c) Do you feel that your education in becoming a social worker will equip you sufficiently to work in humanitarian settings?
- 3. One of the strengths of brief evidence-based psychological interventions is that they are developed in such a way that they can be used in a wide range of contexts and can be rapidly scaled up. Still, a process of contextualizing such approaches to local contexts is important.
 - (a) What kind of factors need to be considered when adapting an intervention to a new context?
 - (b) There can be tension between local adaptation and “fidelity to the model.” It can be hard to find the right balance. What are your ideas about this?

13.8 Additional Resources

Readers are encouraged to access the following resources to deepen their understanding of topics covered in this chapter.

1. The “IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings” (Inter-Agency Standing Committee, 2007) is the foundational text for any training in MHPSS for humanitarian contexts. The Guidelines also form the basis for various agency-specific documents. They are discussed further in Chap. 5.
2. For social workers, the UNICEF Operational Guidance: Community-based Mental Health and Psychosocial Support in Humanitarian Settings (UNICEF, 2018) is a very relevant text, because the agency explicitly engages with the socioecological model in its programming and attempts to operationalize the principles for MHPSS work for children and families in humanitarian settings (Snider & Hijazi, 2020).
3. International Medical Corps developed a comprehensive set of training materials to orient staff to a mental health case management model, to be delivered over a two-week period. Topics include theories and practice of case management, core helping skills, and the delivery of psychosocial support, an overview of mental health conditions, how to identify and address protection concerns and how an interdisciplinary team works together for the holistic treatment of clients and their families. Materials are publicly available on the [Mental Health Innovation Network site](#).
4. In training nonspecialists in MHPSS, it is important to use techniques of experiential learning through role-plays and case studies. For example, training videos developed by IMC and WHO on [mhGAP \(v1.0 & 2.0\)](#) highlight how training on the identification and treatment of common and priority mental health conditions contributes to paraprofessional social worker capacity building, in order to better understand how they present and how they are managed.

5. For a quick overview of the work around mental health and psychosocial support with refugees in low- and middle-income countries, see the overview chapters in other handbooks, listed in the References section of this chapter (Ventevogel et al., 2019, 2021; Weissbecker et al., 2020).
6. *Intervention*, the Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, contains many articles and field reports on MHPSS in humanitarian settings. A unique feature is that the journal also publishes brief personal reflections by MHPSS workers from low resource contexts, many of them refugees themselves. For example, see the reports by Ibado Hilole (2016),⁵ a Somali refugee woman who works as a peer counselor in a refugee camp in Ethiopia; Arafat Uddin and Hasna Sumi (2019),⁶ documenting Uddin's experience as a Rohingya refugee in Bangladesh who is now a psychosocial volunteer in the largest refugee camp in the world; and Lebona Yohannes (2012),⁷ an Eritrean midwife who became a psychosocial worker when she was a refugee in Egypt.
7. Readers are referred to the Global Social Service Workforce Alliance Case Management Interest Group (2018). This resource outlines the following: Core Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce.
<http://www.socialserviceworkforce.org/sites/default/files/uploads/Case-Management-Concepts-and-Principles.pdf>

13.9 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

When preparing the session, it may be good to consult resources around mental health and psychosocial support in humanitarian settings, such as can be found on www.mhpss.net. It is important to unpack the concepts of scalable psychological interventions. One way to do that is by taking one example (such as the individual version of Problem Management Plus) and asking students to read a chapter or to do one of the skills exercises in the manual. It may also be helpful to watch brief interviews with humanitarian workers, such as with the Greek psychologist Michalis Lavdas, who explains how he used Problem Management Plus with refugees in Greece (link: https://youtu.be/ko5R3C_LmpE), or with the Rohingya refugee volunteer Arafat Uddin in Bangladesh, who explains how working as a psychosocial volunteer has been transformative (link: https://youtu.be/ad7IpNyh_jw).

⁵ https://www.interventionjournal.com/sites/default/files/The_story_of_a_Somalian_refugee_woman_in_Ethiopia_.7.pdf

⁶ <https://www.interventionjournal.org/article.asp?issn=1571-8883;year=2019;volume=17;issue=2;spage=296;epage=300;aulast=Uddin>

⁷ https://www.interventionjournal.com/sites/default/files/Yohannes_2012_Intervention_10-2.pdf

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Chapter 14

The Social Work Practitioner: Considerations for Working with Survivors of Forced Displacement



Nancy J. Murakami

14.1 Introduction

Social work practice involves intimate, privileged access to complex human experiences. Practice with survivors of persecution and forced displacement involves exposure to experiences of extreme threat and interpersonal violence and countless forms of loss, anguish, and suffering. Protective secrecy and silence, overwhelming emotions and sensorimotor responses, and acute safety concerns for oneself and others add to the complexity of this specialized area of direct practice. Bearing witness to survivors' histories of trauma, displacement, and loss is intensive work, and it can challenge and change a practitioner in significant ways.

Work with forcibly displaced persons often leads to very strong interpersonal connections between social workers and survivors. As survivors share their lived experiences, sometimes for the first time, and as practitioners join survivors in their healing, and sometimes in their pursuit of justice, the connections often grow stronger. Through this engagement with survivors, social workers are exposed to and reminded of the inhumanities and injustices of the world, often leading to an altered and deeper understanding of their own social ecologies.

Social workers practicing in the humanitarian field have an ethical responsibility to be equipped with adequate resources to do their work. Core social work competencies, such as those outlined in the Global Standards for Social Work Education & Training (IASSW & IFSW, 2020) and in the United States Educational Policy and

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Accreditation Standards (EPAS) (CSWE, 2022), can be supplemented with specialized skills and competencies, such as those outlined in Chap. 12. Additionally, practitioners' safety and security, personal and professional support structures, materials and technology required to do their work, financial compensation to meet their needs, and periods to rest and restore are critical in supporting both practitioners and clients.

Social workers have a responsibility to recognize how their identities, lived experiences, and well-being can and do impact their work and to take action when they or their work is negatively impacted. Organizations and programs also have an ethical responsibility to support their staffs' well-being, while concurrently taking steps to change systems and structures leading to overworked and overwhelmed practitioners. This chapter aims to go beyond the typical discourse of positive and negative impacts of trauma work on practitioners and to include discussion of social worker identity, self-awareness, use of self, and the ethical responsibilities of organizations to the social work workforce. It promotes active, intentional, and shared responsibility of workers and their organizations for the well-being of practitioners. Given the limited literature on experiences of social workers practicing with displaced populations, literature on counselors, mental health clinicians, and other healthcare providers is also examined. While this chapter focuses primarily on direct social work practice with survivors, practitioners conducting program development, supervision, training, advocacy, macro practice, and research will also be able to draw from what is presented.

Video 14.1 provides an additional introduction to social work practitioner considerations for working with survivors of forced displacement.

14.2 Practitioners Working with Survivors of Forced Displacement

14.2.1 Training and Professional Identity

Practitioners who work with displaced persons represent a wide variety of disciplines and areas of practice (e.g., social work, psychology, psychiatry, nursing, primary care, public health, social services, case management). Practitioners include those who are professionally trained and those trained in the field to meet the needs of their communities (i.e., paraprofessionals). Because job titles commonly do not denote one's discipline (e.g., coordinator, case manager, supervisor, policy analyst), especially in humanitarian aid and emergency settings, there may be limited recognition of the extensive presence of social workers at micro, mezzo, and macro levels of practice (Dankova, 2021), but social workers are often on the front lines of forced migration support (Diaconu et al., 2016).

Social work education and practice in many parts of the world are rooted in and maintain western hegemony. This is because schools of social work in the Global

North have played a role in the development of the social work profession globally and because of the influence of policies and practices of international organizations on social work interventions around the world (Williams & Graham, 2014). There are growing efforts to de-center western hegemonic thought in social work curricula and practice (Gebhardt, 2021; Ibrahima & Mattaini, 2019) in order to center the voices of the communities being served and the social workers who engage with them and to promote indigenous practices of support, healing, and social justice. As this process unfolds, there will be a further broadening of values, backgrounds, and ways of being among social work practitioners, further highlighting the need to develop clarity about one's professional identity.

Many factors influence practitioners' entrance into this specialized area of practice, including personal experiences of displacement, previous work with culturally diverse groups or people who have experienced trauma, language skills needed within a particular community, and frustration with national immigration and social service policies impacting immigrant communities (Puvimanasinghe et al., 2015), among others. Social workers frequently collaborate with many disciplines and engage with other social workers whose training and specialized areas of practice differ considerably. Because of the multidisciplinary nature of direct practice with displaced people, social workers need to have some understanding of the perspectives and contributions of other professions that commonly engage in humanitarian work (Cox & Pawar, 2013).

The diversity of the humanitarian workforce also means that social workers will often engage with workers whose style and approach to direct practice may be quite different than their own. Social workers may often need to discuss or clarify their roles as they engage in the collaborative work that is needed in this field, so being "firmly grounded in their professional identity" (Dankova, 2021, p. 247) will help social workers explain their role in contextually appropriate ways to both service recipients and colleagues. As such, it is important for social workers to have thought critically about the values and principles that guide them and their practice, the frameworks and theories that they apply in their work, and boundaries that are important to them. Furthermore, social workers must consider the relevance and application of all of these principles and practices in the setting and context of their work.

14.2.2 Roles and Contexts of the Work

Social workers practice at every level of humanitarian organizations, within development and research, administration and management, coordination, field support, and programming roles (Cox & Pawar, 2013). Social work direct practice is also seen at all stages of the refugee journey. As Muriuki (2010) states, "most of the services delivered by the humanitarian workers are services that social workers would deliver on a daily basis in a stable political environment" (p. 130). In many countries, social workers or paraprofessionals practicing in a social work capacity

are part of the human service workforce and may be called upon to support communities during times of conflict or mass displacement. The knowledge and skills of social work can be invaluable during periods of acute displacement and when internal displacement is prolonged; however, little information seems to be available about the roles and activities of social workers in internally displaced person (IDP) camps and settings¹. In refugee transit camps (also called transit centers), resettlement camps, and urban refugee communities, social workers are members of coordinated, multidisciplinary response teams, providing a range of supports to impacted communities, such as psychosocial and mental health services, special needs determination, child protection, crisis work, material support, and education support. During processes of asylum application and refugee resettlement, social workers additionally provide a wide variety of services, including case management, immigration-related support, advocacy, accompaniment, and community integration support (Diaconu et al., 2016). In Germany, social workers have been described as “the ‘back-bone’ in the refugee care system” (Binder et al., 2020, p. 2) because of their prominent role in resettlement.

Just as the roles of social work vary, the settings and contexts of their work vary considerably as well. Social work practice occurs in refugee camps, hospitals, clinics, schools, community centers, and torture rehabilitation programs, among others. In organizations and programs where the primary populations and goals are not refugee-related, such as hospitals and schools, social workers may frequently engage with service providers who are unfamiliar with the needs, experiences, and service eligibility of refugees and asylum seekers. In such settings, there may be a greater need for social workers to advocate for their clients, or to educate colleagues about the experiences of displaced people and the services available to them.

Social workers may also face situations that are unfamiliar to them but are common for the setting. For example, when working in a humanitarian emergency context or at other early stages of the refugee journey, social workers may be directly impacted by some of the same safety and security concerns faced by refugees (Korff et al., 2015). It is important to know how to seek support when it is needed and to recognize local expertise when navigating new situations.

14.2.3 Personal Identities and Lived Experiences

A practitioner’s identities are influential factors in their social work practice (Drolet & McLennan, 2016). Identities may differ from or align with the individuals, families, and communities with whom a social worker engages. Some practitioners have personal or familial stories of war, persecution, and forced migration; have been through asylum or refugee processes themselves; or may share a language or culture with their clients. Other social workers have no personal history of persecution or

¹ See Chap. 9 for discussion of IDPs

forced displacement, know of immigration processes only through the stories of others, and must rely on interpreters to practice with all clients. Identities shape experiences and positions of privilege and marginalization. These dynamics impact clients' perceptions of and experiences with social workers, including feelings of trust and safety (Masoumi, 2021; Musiimenta et al., 2020).

Social workers practicing in a country where they were raised and/or practicing in a country where they trained may be knowledgeable about the local systems and processes that impact displaced persons. However, it is critical to consider how clients' varied experiences with systems, processes, and service providers may differ from practitioners' as a result of forms of oppression constructed around race, ethnicity, gender, sexual orientation, age, ability status, fluency in national or dominant language, education level, communication style, and cultural familiarity. Social workers practicing outside of their national contexts and without relevant lived experiences may be entirely unfamiliar with systems and processes impacting their clients. In these situations, practitioners will need to rely on pre-departure research and education to gain general knowledge, on colleagues and supervisors in the field to be sources of information and cultural brokers, and, to some degree, on the survivors with whom they are working, to develop a needed understanding of the context.

14.3 Case Studies

The following composite case studies of practitioners in the field aim to help the reader apply concept covered in this chapter. Case Study 1 presents experiences of practicing internationally, while Case Study 2 presents experiences of practicing domestically.

14.3.1 Case Study 1: Social Worker Outside of Their Context of Training and Culture

K is a US-raised and US-trained, White, licensed clinical social worker in his 30s, with no personal history of forced displacement. He is employed by an international nonprofit organization that conducts refugee mental health and psychosocial capacity building with community-based and refugee camp-based health clinics, schools, and community organizations in Thailand. Before moving to Thailand to work with the Burmese community, K had lived and worked internationally, had practiced social work with forced migrants in the United States, and was trained as a trauma therapist to work with individuals, families, and groups. He had never worked in a refugee camp, spoke no Burmese or Thai, and had only a modest understanding of Burma's cultural history and its decades-long history of armed conflict and ethnically targeted human rights abuses, and he knew little about the experiences of the

displaced Burmese community in Thailand. For more than a year, K was the only member of his organization based in Thailand. In addition to developing and conducting trainings, supervision, and other mental health-related supports, he was tasked with expanding the Thailand-based team, deepening community relationships that had been established by the organization during its decade of work prior to his arrival, and scaling up programming.

K arrived in Thailand alone, eager to meet the community members he would be working with most closely, ready to begin assessing the needs of partner organizations and staffs, and excited to learn about local cultural history and the context and fully commit to his work in Thailand and Burma.

14.3.2 Case Study 2: Social Worker in Their Context of Training and Culture

T is a US-raised and US-trained, Black, Latina social worker in her 20s with a family history of forced displacement. She is employed by a refugee resettlement agency to provide case management and employment support to asylees and resettled refugees in New York City. Before working with this agency, T had practiced social work in a local community center for older adults for 5 years, she was highly familiar with social services in NYC, and she had knowledge about the asylum process in the United States through family members' experiences. To her knowledge, T had never worked directly with refugees before her current employment. While she spoke Spanish and English fluently, T did not speak the preferred languages of many of clients served by the resettlement agency, such as those from Guinea, Afghanistan, and Tibet. T was confident that she would be able to navigate any differences between herself and her clients, and she anticipated that she would be able to relate to many of her clients' experiences as a member of marginalized communities in the United States herself. T was hopeful that she could quickly become familiar with the new systems and agencies that she would encounter in her new role.

14.3.3 Case Study Reflection Questions

1. What initial thoughts and questions do you have about the case studies?
2. What information about identities and experiences was most salient to you? Why do you think that is?
3. What comparisons between the two case studies can you draw, and what contrasts are apparent to you?
4. What personal and professional strengths can you identify in K and T that may be assets to their social work practice?

5. What struggles might K and T anticipate and/or experience in their new roles? What factors may influence their awareness of these challenges?

As you read the remainder of this chapter, think about K and T. Consider how topics discussed may apply to them, and how they might navigate the situations presented.

14.4 Impact of This Work on Practitioners

Social work direct practice is challenging and rewarding. Social workers recognize dynamic qualities of a person's biology, psychology, sociology, and culture and the impact that societal systems, structures, and history can have on a person's self-actualization. Social workers should aim to approach every person with a curiosity about the complexity of both their individual functioning and their environment—namely, the person's social-ecological system (Bronfenbrenner, 1994). In the humanitarian field, social workers bear witness to pain and struggle, as well as growth and healing, of marginalized and vulnerable individuals and communities. This work, in all of its complexity and responsibility, impacts practitioners.

While the impact of trauma-related work on clinicians has been well studied, research on the consequences of practice with refugees and other survivors of forced displaced in particular is relatively limited (Barrington & Shakespeare-Finch, 2013). A commitment to human rights draws many social workers to this work, but relentless reminders of global injustices and human-made atrocities take a toll on practitioners. These can wear away one's hope for significant, sustainable changes; lead to existential crises (Kjellenberg et al., 2014); and effect practitioners in other distressing ways. Studies by Posselt et al. (2019) and Puvimanasinghe et al. (2015) highlight the impacts of immigration policies, regulations, and practices on the psychological well-being of practitioners. The work of Puvimanasinghe et al. (2015) reveals feelings of helplessness in providers associated with the uncertainty of life for asylum seekers, secondary to the horrors of their original persecution. Robinson's (2013) work describes feelings of demoralization and high levels of sick leave among social workers engaging with refugees and asylum seekers.

Additionally, Robinson (2013) describes the conflict that social workers experience between "immigration and refugee frameworks" and the "human rights and welfare models" that guide their discipline, leaving them to feel powerless like their clients (p. 97). Furthermore, as social workers strive to affect systemic change while also easing "the stress and isolation facing services users...they could also come to be identified as part of an abusive, potentially corrupt and inhumane system" (Robinson, 2013, p. 97). All of these elements can be incredibly demoralizing and negatively impact practitioners' well-being.

However, social workers also identify many enriching and rewarding aspects of direct practice in the humanitarian field. In one study, clinicians reported equal emphasis on challenges and on the importance of "meaning making, sustaining, and

valued aspects of their work” with refugees and asylum seekers (Posselt et al., 2019, p. 422). In another study, therapists experienced “greater awareness and reflection upon existential issues,” “greater appreciation for their personal circumstances,” “increased awareness of global issues and cultural diversity,” and changes that “added meaning to their lives” as a result of their practice (Schweitzer et al., 2015, p. 114). Studies also show that practitioners are motivated by survivors’ perseverance and strength (Puvimanasinghe et al., 2015) and by clients’ progress and goal achievement (Robelski et al., 2020). Practitioners’ job satisfaction is also associated with the meaning of their work, and practitioner resilience has been found to have a protective effect against job-related stress (Robelski et al., 2020).

Compassion satisfaction, vicarious posttraumatic growth (V-PTG), and vicarious resilience (VR) have also been identified and increasingly studied in recent decades, and they are commonly discussed in relation to work with forcibly displaced persons. Posttraumatic growth is said to be comprised of the following three categories: perceived changes in self, changes in interpersonal relationships, and changes in life philosophy (Tedeschi & Calhoun, 1996). Studies on the impact of working with trauma on practitioners have revealed positive outcomes for practitioners that are similar to the categories of posttraumatic growth seen in survivors (Arnold et al., 2005; Herman, 2015; Splevins et al., 2010; Barrington & Shakespeare-Finch, 2013).

14.5 Challenges for Practitioners

14.5.1 *Contexts and Conditions*

Humanitarian workers witness the suffering of others and injustices in the world, and they take on a responsibility to both support those most impacted and to be agents of change in order to prevent or alleviate future suffering from acts of inhumanity and from inhumane policies. Practitioners in humanitarian work must constantly gain newly needed sociocultural knowledge due to the ever-changing client community associated with new global conflicts and disasters (Puvimanasinghe et al., 2015). They engage with such diverse populations that differences between practitioner and clients—and between one client and the next—are inevitable and can be confusing, surprising, and frustrating. Due to the complex needs of displaced persons, the limited support systems of many, and the often-unfamiliar boundaries of client-clinician relationships, practitioners in humanitarian work are commonly more flexible and accommodating with this client population than others. This boundary flexibility, however, can lead to overinvolvement with some clients (Schweitzer et al., 2015; Hepworth et al., 2017).

Political contexts also impact availability of services, the ways services can be provided (Schweitzer et al., 2015), and practitioners’ sense of self within direct practice. Immigration policies themselves frequently impact practice, as clients report distress and disempowerment associated with immigration-related

expectations and processes and as practitioners attempt to support clients from within the system of policies recognized by many as inhumane (Posselt et al., 2019). As one clinician stated, “the work with the clients sustains me [but] the system is my biggest challenge” (Posselt et al., 2019, p. 420). Further, social workers struggle when they recognize that they, too, are complicit in the oppressive systems negatively impacting refugees and asylum seekers, which can lead to unexpected and agonizing ethical dilemmas (Hunt, 2007). Clinical challenges and ethical dilemmas also arise during lengthy and burdensome asylum processes.² As Masoumi (2021) explains, “those in direct and regular contact with refugees shoulder much of the messy work of the [nation] state” (p. 479). “Ironically, to ensure [asylum] claimants have any chance of receiving protection, support workers have to undermine their control and autonomy. Once again, protection is achieved through disempowerment” (Masoumi, 2021, p. 493).

When practicing internationally or in high-risk settings (e.g., disaster or conflict zones), there are additional challenges. There is usually high demand for individual and organizational flexibility given the volatility of the emergency context, and cultural misinterpretations may occur when cultural humility is not prioritized (Korff et al., 2015). Safety and security concerns for workers also arise in humanitarian settings, with reports of workers being detained or arrested (e.g., sea rescuers in Italy) and yearly reports of aid workers being killed (AWSO, n.d.). In one refugee camp where the author has worked, a social worker was concerned for her own safety when rumors spread that government officials had infiltrated the camp and were looking for her client. In these settings, social workers are often also apart from friends, family, and other established structures of support, leading to further strain on the practitioner.

14.5.2 Resource Limitations and Other Barriers

There are not enough well-trained practitioners or funding resources to meet the psychosocial needs of the global population of forced migrants. Social workers practicing in this field face increasing barriers to practice that are also experienced across the profession, including growing workloads, large caseloads, extensive documentation (Robelski et al., 2020; Posselt et al., 2019), and managed care-related limitations and requirements that often do not align with the complexity of refugees’ and asylum seekers’ needs, to name just a few. In some settings, limited mental health infrastructure and human resource limitations result in too much work and long working hours, insufficient training and limited supervision and guidance, and lack of needed resources to support the practice (Korff et al., 2015).

Stigma associated with mental illness and inability to access needed support are additional barriers that sometimes necessitate expanded practice and time with

²See Chap. 16 for further coverage of social work practice with asylum seekers

clients and their support system. In the United States, and likely elsewhere, the time allotted to meet with clients in many healthcare settings is too short, and the number of allotted sessions is too few for people with complex and lasting needs. These barriers result in practitioners having to find creative ways to not forego rapport and trust building, and other critical relational elements of clinical work, in order to complete other tasks (Century et al., 2007).

14.5.3 New Experiences with Insufficient Training

Social workers may struggle as they find themselves having to practice beyond their skillset, as is the case with other disciplines working with refugees and asylum seekers (Harris et al., 2020). Demands of the job are not always commensurate with training received, which can lead to feelings of incompetence (Schweitzer et al., 2015) and questioning whether one is practicing within their ethical bounds (IFSW, 2018). Social workers frequently encounter communication barriers when they do not speak the preferred language of their clients, have limited access to needed trained interpreters, or do not have the needed training to effectively work with interpreters (Harris et al., 2020). It is also common for a social worker to engage with a great diversity of clients from around the world (e.g., in resettlement work) and/or engage with clients from multiple linguistic groups, so the breadth of language-related skills is great, and the need for cultural humility is paramount.

The complex needs and struggles of refugees often call for approaches that are beyond standard training, which can cause practitioners to question their decision-making and professional integrity (Century et al., 2007). Health professionals frequently face a variety of novel ethical dilemmas when working with new populations (Hunt, 2007) or in unfamiliar settings. As Hunt (2007) explains, ethical dilemmas may lead clinicians to make “tragic choices in complex situations” (p. 67), such as decisions related to child protection, suicidality, and domestic violence when insufficient information and resources are available. Practitioners are also acutely aware that there are high stakes in their work and that their errors may have devastating consequences (Masoumi, 2021).

14.5.4 Psychological Difficulty of Work with Displaced People

In doing humanitarian work, social workers are “confront[ed] [with] the reality that humans are capable of committing horrible actions against each other” (Kjellenberg et al., 2014, p. 121). A growing body of literature reveals stressors that practitioners experience while supporting and working with refugees and asylum seekers and the broad impact of these challenges. Stressors reported by practitioners include uncertainty for their clients’ futures (Posselt et al., 2019) and feeling responsibility for the future security and well-being of their clients (Robinson, 2013). These concerns

may be due, in part, to prolonged asylum status determination processes (Puvimanasinghe et al., 2015), immigration rejections (Procter et al., 2017), and what Century et al. (2007) recognize as practitioners' "attempt to compensate for the perceived failure, neglect and discrimination of government and society" (p. 37).

Common stressors in this work impact practitioners' mental health and overall well-being (Posselt et al., 2019; Kjellenberg et al., 2014; Schweitzer et al., 2015); how practitioners perceive themselves and the world (Apostolidou, 2016); experiences of vicarious trauma, compassion fatigue, secondary traumatic stress, and burnout (Figley, 1995; Kjellenberg et al., 2014; Martin et al., 2020; Roberts et al., 2021); practitioner confidence in providing adequate care (Century et al., 2007); capacity to provide high-quality care (Hunt, 2007); and existential beliefs (Kjellenberg et al., 2014), among others. A recent systematic review and two meta-analyses (Roberts et al., 2021) of the prevalence of burnout and secondary traumatic stress in practitioners working with forcibly displaced persons found that just under one-third of the practitioners reported high levels of burnout and just under half reported moderate to severe levels of secondary traumatic stress. Additionally, practitioners experience distress over their clients' histories of suffering and "the enormity of the refugee situation" (Schweitzer et al., 2015, p. 114); internalization of their clients' experiences and reactions (Century et al., 2007); anger and exhaustion (Century et al., 2007); social isolation (Cox & Pawar, 2013, p. 17); and personal change, described by one study participant as "alterations of self" (Schweitzer et al., 2015, p. 114).

14.6 Best Practices and Responsibilities of Practitioners

Global and local frameworks and standards of care that are grounded in the principles, values, and codes of ethics of social work are necessary guides for social workers working with asylum seekers, refugees, and other forcibly displaced persons (IASSW & IFSW, 2020; IFSW, 2018), and the IFSW (2018) ethical principle of professional integrity applies to many of the conditions and challenges discussed in this chapter.

14.6.1 *Self-Awareness, Self-Conceptualization, and Critical Self-Reflexivity*

...only from a firm anchoring in the self can one move to the multiple meanings of an interaction as various clients and practitioners (and learners) might experience them, and hence to enlarge the possibilities for actions and responses (Anastas, 2010, p. 18).

Social work practice begins with the social worker (Gasker, 2019). Naming one's intersecting social, racial, and cultural identities, and reflecting on how dominant

cultures have influenced the practitioner's experiences, worldviews, beliefs and ideologies, behaviors, thoughts, and ultimately their social work practice, is critical when engaging in clinical work. Reflexivity about one's own social and cultural positionality also occurs through work with clients (Puvimanasinghe et al., 2015) and supervision (Robinson, 2013), as the practitioner gains awareness of unprocessed experiences, as well as of their own privilege and power, oppression, biases, prejudices, and blind spots. By recognizing sociocultural biases (Fondacaro & Harder, 2014), social workers can take steps to reduce their negative impact on practice. Building on the work of Delgado et al. (2005) and George (2012), Diaconu et al. (2016) recommend the following three areas of awareness and skills development: (1) building awareness of one's own beliefs, norms, and values; (2) acquiring knowledge to ensure awareness of the norms and values of the population being served; and (3) recognizing personal limitations and always learning new skills (p. 9).

As social workers navigate new professional experiences and developments within the field and actively engage in critical self-reflexivity, self-conceptualizations can be challenged. For example, social workers may question their schema of being an ethical and moral person when navigating situations that call for them to respond differently than they would have in the past because of the cultural context, urgency required, or limited resources available to them in a particular situation (Hunt, 2007). Ethical dilemmas often facilitate reflection around one's beliefs, values, and professional identity (Hunt, 2007).

Education about global issues is another component of building self-awareness. By knowing more about the lived experiences of survivors of persecution and forced migration and the histories and cultural norms of communities that they engage with (Fondacaro & Harder, 2014), social workers deepen their understanding of their own social ecology and positionality.

14.6.2 Provider Well-being

Self-preservation of social work practitioners is essential to sustain the profession (Martin et al., 2020).

Social worker self-care is recognized by many as a core social work practice skill (Grise-Owens et al., 2018), and it is now emphasized in the social work code of ethics in the United States as "paramount for competent and ethical social work practice" (NASW, 2021, Purpose of the NASW Code of Ethics, para. 12). Ongoing attention to one's stress and well-being (Grise-Owens et al., 2018, p. 182) is necessary to avoid the short-lived careers of many support workers in the refugee protection field (Masoumi, 2021). Drolet and McLennan's (2016) relational wellness and self-care framework encompasses multiple dimensions of well-being (i.e., physical, emotional, psychological, and spiritual) and highlights the importance of practitioners' relationships with others. In the field of humanitarian emergency and relief work, these relationships often play a vital role in sustaining us.

As Masoumi (2021) argues, however, in the field of practice with refugees and asylum seekers, “self-care becomes, at best a meaningless slogan. At worst, talk of self-care makes individual workers responsible for their own well-being, without recognizing the systemic sources of trauma or the substantial resources required to handle any level of mental stability” (p. 490). Indeed, there is growing recognition of organizations’ and employers’ roles and responsibilities in promoting and supporting the well-being of their social workers (NASW, 2021; Martin et al., 2020). Individual-, team-, and organizational-level commitments to self-care are all needed. Strategies and techniques for managing psychological effects of direct service work and promoting and maintaining well-being (Schweitzer et al., 2015) include organizational self-care committees (Fondacaro & Harder, 2014), use of behavioral health promotion measures as part of workplace health interventions (Robelski et al., 2020), and expanded coverage of self-care as a core practice skill in social work curricula (Grise-Owens et al., 2018, p. 180), to ensure that students are better prepared to attend to their wellbeing (Drolet & McLennan, 2016).

14.6.3 Education and Professional Identity

Additional social work coursework, curricula, and learning modules focused on knowledge and skills critical for working with forcibly displaced persons are needed (Robinson, 2013). Incorporating case studies, core topics, and basic skills for practice with this population must also take place across all social work curricula. Important areas of study include social worker stress and burnout (Grise-Owens et al. 2018), intercultural competence (Binder et al., 2020), acquiring language skills of the community where the social worker will practice (Fondacaro & Harder, 2014), working with interpreters (Fondacaro & Harder, 2014), learning key terminology in clients’ preferred language (Murakami & Chen, 2018), the importance of reflexivity on one’s cultural identity (Puvimanasinghe et al., 2015), and cultural adaptations of interventions and approaches (Fondacaro & Harder, 2014; Hunt, 2007). Courses and supervision provide opportunities to practice techniques before implementing them with vulnerable and high-risk clients. Additional specialized and technical training is needed for social workers once in the field. For international deployment, preparation for cross-cultural living, language development, and understanding the history and culture of the region of deployment (Hunt, 2007) are important elements that organizations should seek to prioritize.

Dankova (2021) emphasizes the importance of social workers maintaining a strong connection to their professional identity when in roles that are not identified as social work positions. Staying firmly guided by one’s professional standards is important to maintaining one’s “self-concept as a competent, ethical professional” (Hunt, 2007, p. 61). Additional ways to center social work when practicing with displaced persons but working in a non-social work role include engaging with colleagues around micro, mezzo, and macro social work issues (Dankova, 2021) and continuing involvement in activities that are social work and social justice oriented,

such as joining an advocacy group, participating in protests, consulting policy makers, getting involved in political campaigns and social movements with asylum seekers and refugees, and participating in research and scholarship that centers the voices and lived experiences of displaced people (Robinson, 2013).

14.6.4 Clinical Supervision and Support

The importance of clinical supervision in this work cannot be overstated, yet it is not always available to practitioners. The absence of such a critical component of practice puts social workers' well-being at risk and can reduce the effectiveness of their practice (Robinson, 2013). Social work supervision is commonly conceptualized as supportive, educational, and administrative (Asakura & Maurer, 2018). A study with refugee mental health practitioners revealed the following three domains of supervision: supporting the clinician in tolerating uncertainty and managing emotional responses, education and guidance related to personal impacts of social work (e.g., helplessness, hopelessness, personal transformation, burnout), and enhancing needed specialized therapeutic skills (Schweitzer et al., 2015). Furthermore, supervision promotes reflection, attention to biases and prejudices, and the development of evidence-based practice (Robinson, 2013). Supervision that emphasizes clinicians' development of self-knowledge and skills around use of self, such as the Person of the Therapist Model (Aponte & Carlsen, 2009), may be effective models for this field of practice. Peer supervision (Robinson, 2013), mentoring from senior clinicians to new practitioners, (Hunt, 2007, p. 68), clinical consultations and case conferences that allow clinicians to share clients' stories with a team and get support (Fondacaro & Harder, 2014), and active engagement in professional networks (Cox & Pawar, 2013, p. 17) are additional forms of support that can help reduce risks of vicarious trauma and burnout. Organizations providing services to displaced persons must prioritize, promote, and fund clinical supervision for their staff.

14.6.5 Organizational Responsibilities

Organizations and programs are accountable to both the displaced populations that they serve and their staff (Hunt, 2007). They have a responsibility to promote systemic wellness (Grise-Owens et al., 2018, p. 183) and to support their staffs' well-being and practice of critical self-reflexivity, to ensure that they are okay and that the care that they provide to displaced communities aligns with the values and principles of the helping professions. While practitioners may be best suited for work with displaced people when they can "cope with the instability, variability and challenges inherent in humanitarian work" (Hunt, 2007, p. 67), even the most resourced and resilient practitioner can become overwhelmed and need additional support. It

is important for managers to have staff members' well-being in mind when assigning roles and tasks, to monitor and adjust workloads as needed, and to notice and take supportive action when practitioners are not taking breaks or taking time off. The intensity of the work can also be managed by adjusting the number of assigned clients based on anticipated clinical severity and acuity (Fondacaro & Harder, 2014)³ and by ensuring that resources to support social workers are sufficiently funded, allocated, and properly used by leadership in the organization (Robinson, 2013). Retention of trained and skilled staff can also be a challenge due to the complexity of work with displaced persons. Promoting an organizational culture "where the expression of distress is not interpreted as personal weakness or professional inadequacy" is necessary (Robinson, 2013, p. 96). Key practices that organizations in the humanitarian emergency field (Korff et al., 2015), in particular, should anticipate include attending to occupational stress, being trauma-informed across all levels of the organization (SAMHSA, 2014) and conducting critical incident and post-deployment debriefings (Hunt, 2007). Furthermore, it is important for agencies to provide access to robust supervision and other mechanisms of support, promote professional development and social work input at all levels of the organization (Robinson, 2013, p. 96), and conduct ethics trainings (Hunt, 2007) and have clear systems in place for addressing ethical dilemmas.

14.7 Conclusion

Social workers are urgently needed in the humanitarian field and in specialized services for asylum seekers, refugees, and other forcibly displaced persons. In order to do this work effectively, ethically, and in a sustainable way, social workers must attend to their own needs and well-being, and organizations must promote healthy systems and staffs. Social workers need to be proactive in practicing self-reflexivity to ensure that their own histories and identities are resources, rather than barriers, in their work.

14.7.1 Case Study Follow-Up

Think again about K and T, and now consider the topics covered in the chapter.

1. What thoughts and questions do you **now** have about the case studies?
2. What information is most salient to you? Why do you think that is?
3. What comparisons between the two case studies can you now draw, and what contrasts are now apparent to you?

³Read more about the Connecting Cultures training program for graduate students training to work with asylum seekers and refugees

4. What personal and professional strengths do you now identify in K and T that may be assets to their social work practice?
5. What additional struggles do you think K and T might anticipate and/or experience in their new roles?
6. How might the context of K and T's practice impact their ability to practice self-reflection and self-care?

14.8 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

1. What steps can you take to maintain your social work identity within organizations where you may be the only social worker, or where your role and title are not clearly identified as social work?
2. What questions could you ask in a job interview to assess the supervisors' and organization's perspective on topics covered in this chapter?
3. What might you do if you experience an ethical dilemma when working in a humanitarian emergency setting? How would you enter into dialogue with local stakeholders about the dilemma?
4. In the fields of humanitarian relief and refugee resettlement, what value and/or barriers might social workers with different backgrounds than the communities they work with, bring?

14.9 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives.

1. Ask students to interview a social worker who has worked with asylum seekers, refugees, or other forcibly displaced persons. Guided by the topics of this chapter and other chapters in this book, have students individually or collectively develop the interview questions. An online forum discussion or in-class discussion could be used to identify themes across the interviews and to facilitate dialogue about factors influencing these themes. Ask students to reflect on whether their thoughts or feelings about the field changed in any way since the interview.
2. Choose a current job posting for a domestic or international position in this field and discuss its coverage of topics in this chapter, including its reflection of values and principles of social work, reasonable roles and responsibilities for the position, acknowledgement of intensity or complexity of the work, and supports

for the worker. Discuss questions that one would ask in the interview that are related to the topics of this chapter and that would help them assess whether the position aligns with the students' personal and professional principles and approaches.

3. Utilize a provider well-being plan in courses. Discuss the value and use of such plans, have students develop their individualized plan at the beginning of the semester, and have students meet with an accountability partner to review their plans throughout the semester.
 - (a) See the Self-Care Planning Tool of the Green Cross Academy of Traumatology (Figley Institute, [n.d.](#)).
 - (b) See Grise-Owens et al. (2018) for self-care curriculum initiative and accountability group ideas.
4. Utilize reflective journaling throughout a course to promote reflective practices and to support students in developing rituals and habits of reflection. A different weekly writing prompt could be provided by a fellow student or by the course instructor to ensure reflection on key topics of this chapter.
5. See Drolet et al. (2017) for additional teaching strategies that foster practitioner well-being.

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Part III

Specific Populations

Chapter 15

Statelessness and Displacement: The Cause, Consequences, and Challenges of Statelessness and Capabilities Required of Social Workers



Jason Tucker

15.1 Statelessness and Displacement: Defining the Issue, Causes, and Consequences

The relationship between statelessness and displacement, while complex, can largely be summarized as follows. Statelessness can be both a cause of and a consequence of displacement: individuals and communities affected by statelessness often face increased risk of displacement, and displacement increases the risk of becoming stateless for individuals, as well as for their children. Stateless forced migrants face unique vulnerabilities due to their statelessness.

This chapter covers key aspects of the relationship between statelessness and displacement. The sections that follow explore what statelessness is, who it affects, how it is caused, challenges it leads to, and finally, capabilities social workers can develop to overcome these challenges. The chapter concludes with discussion and reflection points for the reader. Given the limited scope of this chapter, it provides the reader with only a basic framework that can be used to further explore the issue. To supplement this, references to research, resources, organizations, and practical toolkits are provided throughout the chapter.

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15.1.1 Who Is a Stateless Person and What Are the Consequences for Those Affected?

I'm here. You can see me, but do I have a country, or what? I must be from somewhere. I'm not from the moon! (Mohammed, personal communication, June 11, 2018)

These are the words of Mohammed, a Palestinian-Syrian refugee in Sweden with whom I worked. He is describing his experience of being registered as stateless by the Swedish Migration Agency in 2018.

The vast majority of people in the world has citizenship. A small number of people even hold citizenship of several states. People most often are granted citizenship by the country in which they are born, or they inherit it as a result of their parents' citizenship. As such, for those of us who have citizenship, it is often something we take for granted. However, tens of millions of people around the globe are not a citizen of any state. They, like Mohammed, are stateless. For some people, this is a temporary situation; for many others, however, they will never have citizenship in their lifetimes.

A stateless person is defined under international law as “a person who is not considered as a national by any State under the operation of its law” (UN General Assembly, 1951, Article 1.1). Given the role of citizenship in the contemporary world, this is highly problematic, as explained by Batchelor (1998), who states “Everyone needs a nationality because nationality serves as the basis for legal recognition and for exercise of other rights” (p. 168).

The consequences of statelessness on individuals and communities vary enormously depending on the context of their statelessness and other intersectional issues. However, statelessness generally results in limited, if any, access to education, labor market, state services and social welfare, housing, and healthcare, which can have devastating impacts on well-being. In addition, it also impacts civil, cultural, and political rights, such as freedom of movement, religious freedoms, marriage and family life, protection against arbitrary arrest and detention, as well as the right to political participation (see Institute on Statelessness and Inclusion, 2014). While this can be enormously impactful at an individual level, it also has an effect at a familial, community, national, and international level. As the United Nations High Commissioner for Refugees (UNHCR, n.d.) notes, “When thousands of people are stateless, the result is communities that are alienated and marginalized. In the worst cases, statelessness can lead to conflict and cause displacement” (p. 2).

The international community recognized this problem after mass displacement and statelessness during and after the Second World War, even though it existed prior to this time period. The drafting of the 1954 Convention on the Status of Stateless Persons (UN General Assembly, 1954) and the 1961 Convention on the Reduction of Statelessness (UN General Assembly, 1961) was the result of the increasing recognition of the phenomena of statelessness and the demand for international standards on the issue. The 1954 Convention established who a stateless person was and the rights that should be afforded to them. The 1961 Convention set out the international standards on the reduction and prevention of statelessness. The

UN General Assembly gave UNHCR dual responsibility to support both stateless persons and refugees, a responsibility which they continue to have today.

The 1954 and 1961 Conventions provide the foundational international standards on how states can identify, protect, and find solutions to navigate the negative impacts of statelessness, with UNHCR and other actors providing more specific policies and guidance to supplement its implementation (see UNHCR, 2014b). However, for the vast majority of stateless people around the world, no such mechanisms for the identification of their statelessness, protection, or resolution to their situation exist. In addition, many states continue to create conditions that further contribute to statelessness.

15.1.2 Causes of Statelessness

The following list outlines main causes of statelessness, arranged in order of their significance as a contributing factor to statelessness globally, beginning with the most significant. It should be noted that causes of statelessness can be numerous, interrelated, and intersectional.

15.1.2.1 State Secession

The process of creating new states, the division of existing states, or the reclaiming of a state's independence from colonizers requires redefining who is considered to be a citizen of states (see Ziemele, 2014). If certain individuals or entire groups are not included in a new state, or if state secession and creation are not managed carefully, large-scale statelessness can result.

An example of this is the statelessness of millions of people following the dissolution of the Union of Soviet Socialist Republics (USSR), or the Soviet Union, in 1991. Prior to the dissolution of the USSR, individuals were legally citizens of the Soviet Union though residency was permitted in only one specified state. After the USSR was broken up, citizens had to be divided among new states and those who reclaimed their independence. This put 287 million former USSR citizens at risk of statelessness (UNHCR, 1996). When these states determined who was to be considered "their" citizen, millions of people were not included in any state, rendering them stateless. A number of factors contributed to this, including a lack of coordination between states, migration during the USSR period and shortly after it, ethnic tensions, a lack of awareness of the need to confirm one's citizenship, and limited access to authorities in order to confirm citizenship (see Tucker, 2016). While many states took action to address this, in 2014 it was estimated that 6,200,000 people still remained stateless as a consequence of the dissolution of the USSR (UNHCR, 2014a, p. 15).

More generally, in cases of state secession, those living around or across borders, such as nomadic populations, those who have been forcibly relocated, and

minority groups are particularly vulnerable to being left stateless. In cases of the transferring of territory between states, individuals may also be stripped of their original citizenship before being able to acquire a new one (see van Waas et al., 2014).

15.1.2.2 Decolonization

The legacy of colonization and decolonization is very impactful with regard to statelessness. For example, colonizer states often arbitrarily drew borders to create new nation-states or divide occupied territory. These borders cut through communities and ethnic groups, often leaving one group on different sides of a border. Colonizers also employed forced population movements between states, as well as a divide-and-rule approach to ethnic relations (see van Waas et al., 2014). Upon gaining independence, formerly colonized countries are still facing challenges related to colonial practices. Such practices have led to large-scale situations of statelessness as certain groups may not be seen as “belonging” in the state in which they reside. Colonial practices have also led to deeply ingrained ethnic discrimination and border disputes in some regions, which continue to divide communities and fuel exclusion and marginalization at a local, national, and regional level (van Waas et al., 2014).

15.1.2.3 Discrimination in Citizenship Laws and Their Implementation

Certain groups or individuals may face legal or practical obstacles in their ability to access or retain their citizenship as a result of various forms of discrimination. Minority Rights Group International (2017) explains this in writing the following:

While statelessness may result from oversights or failings in a country’s legal and administrative systems, the persistence of stateless populations is often the direct result of discriminatory state policies. Sometimes these may be written into the law, but more often they are based on formal or informal practices that affect particular groups disproportionately. (para 3)

Direct and indirect discrimination against minorities in accessing, confirming, or retaining citizenship explains why minority groups constitute a large portion of the worlds’ stateless persons (Minority Rights Group International, 2017). In addition, minorities are also more likely to be put at risk of statelessness due to various forms of discrimination. The Rohingya people of Myanmar, discussed later in this chapter, provide an example of formal and informal state discrimination against a minority group.

Gender discrimination in citizenship law or policy is another example of how statelessness can be created or perpetuated. Some states, such as Syria, Qatar, and The Bahamas, discriminate against women by mandating that a child or spouse

acquires citizenship only through a father or husband (The Global Campaign, [n.d.](#)). As such, if a father is unknown or stateless, then their child will not be able to acquire a nationality at birth (see UNHCR, [2020a](#); van Waas et al., [2018](#)).

15.1.2.4 Administrative Barriers

Documentation and other forms of civil registration often play a crucial role in the acquisition or recognition of citizenship. For example, without a birth certificate or other identity documents, it may not be possible for someone to be recognized as a citizen because they cannot verify their link to the state (Atuguba et al., [2020](#)). So, for example, if parents do not know how to register their child or are unaware of the importance of doing so, then the child may never be able to acquire citizenship as they lack a crucial piece of documentation of their place/time of birth and their parentage. In other cases, documents relating to birth or the right of residency may have been lost, or archival records have been misplaced or destroyed. Other barriers include discrimination throughout administrative or registration processes; procedural costs of acquiring documentation, whether one goes through the process formally or informally; a lack of access to relevant authorities; and a lack of information on how and why one should seek to confirm or acquire citizenship.

15.1.2.5 The Inheritance of Statelessness

Statelessness can also be a hereditary phenomenon. This happens when states do not have provisions in their law and policies or practices in place to ensure that children born on their territory are not left stateless. Examples of such states include Burundi, Denmark, and Dominican Republic. This can occur if the child's parent(s) does not have a nationality or cannot pass their citizenship to their child. With many states granting citizenship based solely, or partly, on descent (*jus sanguinis*) rather than by place of birth (*jus soli*), statelessness is a multigenerational issue for some (see European Network on Statelessness, [2014](#)).

15.1.2.6 Conflict of Laws When Citizenship Is Acquired or Lost

In some situations, people are left stateless as citizenship laws of states do not provide safeguards to prevent statelessness. For example, if someone is born in a state that follows a *jus sanguinis* principle but the parent(s) of the person is a citizen of a state which only grants citizenship based on the *jus soli* principle, the child will be left stateless. In other situations, people lose their citizenship when they reside abroad, sometimes without being informed. Sometimes citizenship laws require a person to renounce their citizenship before acquiring a new one. If this application

for a new citizenship is unsuccessful and they are unable to reacquire their former citizenship, their temporary statelessness will become permanent (van Waas et al., 2014).

15.1.2.7 Arbitrary Deprivation of Citizenship

Some states arbitrarily withdraw citizenship from groups or individuals, leaving them stateless. This can be done on a large scale, as was the case with the Rohingya people of Myanmar, or it can target small groups or individuals. While many of us who hold citizenship believe it to be irrevocable, this is not the case in some states. There are many examples of political dissidents or those labeled as “terrorists” being rendered stateless as they are deemed to be a “threat to national security” (see Albarazi & Tucker, 2014; Institute on Statelessness and Inclusion, 2017).

15.1.3 Where Stateless Persons Are Found

In general, data on stateless populations are notoriously poor. This is a result of the marginalization of stateless persons, a lack of procedures to identify statelessness in many states, and the politicization of data on statelessness. As such, while estimates of stateless people globally range from 10 to 20 million, the UNHCR only has data on around 4.2 million people, a small fraction of this number (UNHCR, 2019), while the size of the stateless Palestinian refugee population is recorded to be 5.6 million (UNRWA, 2019).

However, some stateless populations are well known and well documented. These populations are usually the result of the largest and most protracted stateless situations. Tables 15.1 and 15.2 show the largest stateless populations and the geographic spread of statelessness around the world, highlighting that while some regions host more stateless people than others, it is an issue that is truly global in nature. Indeed, whether a result of “home grown” or in situ statelessness or statelessness arising as a result of migration, it is an issue that impacts all states across the world in some form or another.

15.1.4 Stateless Refugees

Though this chapter is about statelessness and displacement more broadly, it is also prudent to reflect on the concept of a stateless refugee. While some refugees are stateless, not all stateless persons are refugees. A person can meet both the definition of a refugee under the 1951 Convention Relating to the Status of Refugees (UN General Assembly, 1951, Article 1.1) and that of a stateless person under the 1954

Table 15.1 The largest stateless populations globally (UNHCR, 2019; van Waas et al., 2014)

Group	Estimated population size	Country/region where the majority resides
Palestinian refugees	5.6 million	West Bank/Gaza, Jordan, Lebanon, and Syria (though many stateless Palestinian refugees can also be found in most states in the Middle East and North Africa)
Rohingya people of Myanmar	Around three million	Around 1–1.5 million in Myanmar and one million displaced to Bangladesh and half a million displaced elsewhere. Significant but unknown numbers in India, Indonesia, and Malaysia
Noncitizens of Latvia	216,851	In situ
Dominicans of Haitian descent	210,000	In situ
Kurdish people from Syria	120,000	In situ and displaced to neighboring states
Bidoon people of Kuwait	92,020	In situ
Noncitizens of Estonia	75,599	In situ

Table 15.2 Stateless populations in regions of the world on whom the UNHCR has data (UNHCR, 2019)^a

Region	UNHCR recorded number of stateless persons	Major causes of statelessness
Asia and the Pacific	2,284,461	State secession, decolonization, administrative barriers, inheritance of statelessness, and discrimination
Africa	974,988	State secession, decolonization, administrative barriers, inheritance of statelessness, and discrimination
Europe	527,959	State secession, decolonization, and inheritance of statelessness
Middle East and North Africa (excluding Palestinians)	370,516	State secession, decolonization, administrative barriers, and discrimination
Americas	4052	Discrimination and inheritance of statelessness

^aThe actual number of stateless persons in all regions is widely recognized as being considerably higher

Convention (UN General Assembly, 1954, Article 1.1). When they do so, it is important to recognize both of these statuses as the statelessness of refugees impacts identification, assistance, protection, and solutions for stateless refugees (Tucker, 2021).

In 2016, the UNHCR reported that there were 22.5 million refugees globally, of which at least 6.6 million were stateless (van Waas et al., 2014, pp. 125, 128; UNHCR, 2017a). This number includes Palestinian refugees. While most Palestinian refugees are under the mandate of the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) rather than the UNHCR, they are not excluded from being considered stateless or refugees under international law.¹ Instead, put rather crudely, the distinction between the UNRWA and the UNHCR simply outlines who provides Palestinian refugees with assistance and protection as UNHCR's mandate for refugees and stateless persons is not considered universal.

15.2 Case Studies

15.2.1 *The Rohingya People of Myanmar*

The Rohingya people are an ethnolinguistic and religious minority in Myanmar. They are concentrated in Rakhine State, also known as Arakan State, in the north of the country on the border with Bangladesh. In 1982, the government of Myanmar amended the citizenship act to include a list of ethnic minority groups who were to be considered citizens (Alam, 2018). The Rohingya people, and other minority groups, were not included in this redefined body of citizens and thus were rendered stateless. This legal amendment was part of an ongoing strategy of the state authorities to make the nation-state ethnically Burman, with Buddhism as the dominant religion (Alam, 2018).

State authorities often refer to Rohingya people as “Bengali,” pushing a narrative that the Rohingya people illegally migrated from Bangladesh and were not present in the country at the beginning of the British occupation of Rakhine State in 1823 (House of Commons Canada, 2016). For decades, governing authorities, both military and civilian, have subjected Rohingya people to severe targeted discrimination, exclusion from basic state services, arbitrary arrest and detention, extrajudicial killing, forced population movements, and other human rights violations (Robertson, 2019). As a consequence, Myanmar has even been accused of genocide and crimes against humanity against the Rohingya people (Robertson, 2019). Brunt (2017) writes the following:

There is an estimated population of between one and 1.5 million Rohingya in Rakhine State, with the majority living in camps as internally displaced people (IDPs). With at least 1.5 million people in the diaspora following waves of forced migration dating back to the 1970s, today more Rohingya live in exile outside of Myanmar than within its borders. (p. 223)

¹ See Akram, S. (2019). *UNRWA and Palestinian Refugees*. In Fiddian-Qasmiyeh, E., Loescher, G., Long, K., & Sigona, N. (Eds.), *The Oxford Handbook of Refugee and Forced Migration Studies* (pp. 227–240). Oxford University Press.

15.2.2 *Statelessness as a Consequence of Displacement from Syria*

Since 2011, over 5.9 million people have fled Syria due to the conflict that has ravaged the country (UNHCR, 2020b). Even before the conflict, Syria was home to large stateless populations experiencing protracted statelessness, including Palestinian refugees and a significant number of Kurdish people (see Moas, 2010; Institute on Statelessness and Inclusion & Norwegian Refugee Council, 2016). However, since the displacement of people from Syria began, new statelessness cases have emerged, resulting from the intersection of existing statelessness, conflict, migration, and discrimination. The gender discrimination in the citizenship law is particularly problematic in this regard:

...various discriminatory provisions embedded within Syria's nationality laws have generated further cases of statelessness. For example, mothers are only able to pass their nationality on to their children under certain limited conditions and do not have the same rights as a Syrian father in this respect. This means that a child of a Syrian mother and a father who is stateless, unknown or is unwilling or unable to pass on his nationality can be left stateless. (Institute on Statelessness and Inclusion, ASKV, and European Network on Statelessness, 2019, p. 8)

Displaced persons from Syria, as with many other displaced persons in general, lack access to civil registration, such as birth registration, marriage licenses, and death certificates (Albarazi, 2017; Norwegian Refugee Council, 2017). These documents are required to confirm or acquire citizenship for children born to Syrian women. These issues are compounded by other factors, such as customary marriage practices and intergenerational statelessness (Albarazi, 2017; Norwegian Refugee Council, 2017).

These policies and practices are highly problematic because in many host states, refugees from Syria have no legal safeguards to prevent children from being born stateless on their territory. Many host countries have administrative barriers in proving parentage or place of birth for children that some displaced persons cannot meet. To highlight the potential scale of the problem, between 2011 and 2017, it was estimated that 300,000 children were born to refugees from Syria, many of whom are either stateless or at risk of becoming so (Albarazi, 2017, p. 233).²

²The Norwegian Refugee Council and the Institute on Statelessness and Inclusion (2016) have developed a toolkit called "Understanding Statelessness in the Syrian Refugee Context." This is a valuable resource for understanding the creation, impact, and challenges of statelessness as a result of displacement from Syria, as well as solutions. Contents of the toolkit are also applicable to many other displacement situations globally.

15.3 Overview of Relevant Challenges in Working with Stateless Persons or Communities

Challenges faced by stateless individuals and communities are numerous and ever changing. To provide a framework to begin to grapple with these challenges, this section is divided into macro-, mezzo-, and microchallenges. The macrolevel focuses on the international, regional, and national level. The mezzo-level focuses on the stateless communities and organizations working with them. The microlevel explores challenges faced by individual stateless people, understanding of which is important for social workers at all levels as challenges often interact.

15.3.1 *Macrochallenges*

15.3.1.1 Discrimination

Making a person or group stateless, or leaving them without citizenship, is itself an act of discrimination. As discussed above, the case of the Rohingya people provides an example of how a group can be the target of discrimination, with the creation and perpetuation of their statelessness being one tool to achieve this end. See the UNHCR (2017d) report “This Is Our Home: Stateless Minorities and Their Search for Citizenship” for more details on the range of discrimination faced and how it impacts certain minority groups.

Stateless persons or communities often face discrimination as a result of their statelessness, such as in the case of the Bidoon people of Kuwait. For this community, it is their statelessness that has become the main justification for the discrimination against them, rather than discrimination causing statelessness (see Albarazi & Tucker, 2014). With regard to consequences of such discrimination for stateless persons in general, the UNHCR (n.d.) states the following:

Without any nationality, stateless persons often don’t have the basic rights that citizens enjoy. Statelessness affects socio-economic rights such as: education, employment, social welfare, housing, healthcare as well as civil and political rights including freedom of movement, freedom from arbitrary detention and political participation. (p. 2)

One should also consider the intersectional nature of the discrimination faced by some stateless populations. For example, due to their very limited access to education in Myanmar before they fled, Rohingya refugees are facing difficulties accessing the labor market in some states in which they are displaced, as compared to other non-stateless migrants. In turn, this has reduced their ability to secure health-care and social protection, which are based on their having secured employment (Azis, 2014; Velath & Chopra, 2015). The intersectional nature of statelessness and child marriage (Menz, 2016), human trafficking (Rijken et al., 2015; Goodman & Mahmood, 2019), and sexual and gender-based violence (Tay et al., 2019) has also been shown.

15.3.1.2 Lack of Legal Frameworks, Awareness, and Knowledge

There is a lack of and/or insufficient legal frameworks, policy, or practice to identify and protect stateless persons and resolve their situation in the majority of states globally.³ Furthermore, there is very limited context-specific research on stateless populations. This makes identifying statelessness, mitigating the impact, and addressing it effectively through law and policy reform very challenging. Without clear law, policy, and awareness on statelessness, even when services may be available to stateless people, service providers may still turn them away due to a lack of knowledge regarding these policies and their obligations to provide these to stateless persons.

There is also limited understanding or political will regarding statelessness in the majority of nation-states, even in nation-states that largely uphold other human rights standards, such as Sweden.⁴ An additional challenge is that nation-states must improve coordination with each other regarding who they consider to be their citizens to reduce statelessness in the long term. However, discussions on access to citizenship and statelessness can be highly politicized and divisive. This politicization can also hamper or considerably restrict the ability of researchers to undertake work to address the lack of context and population-specific knowledge on statelessness.

The lack of, or insufficient, procedures to determine statelessness and safeguards in law and policy to prevent statelessness in most nation-states in the world means that the number of persons impacted by statelessness continues to increase. This will further exacerbate many of the macro-, mezzo-, and microchallenges set out in this chapter.

15.3.1.3 Political Participation and Advocacy

Advocacy on statelessness requires a foundation of context and population-specific knowledge on which awareness of the issue can first be built. As mentioned previously, this is often lacking and can be such a politicized issue that research is unlikely to be conducted.

There may also be a lack of active and passive rights to vote or for individuals or community to have political representation due to their statelessness. Sometimes this political participation and advocacy are undertaken informally or illegally, putting the individual or community at risk. For example, given the lack of rights and protection, advocacy and political participation can lead to stateless individuals or groups being further targeted through violence, arbitrary arrest and detention, and

³See UNHCR's (2014b) *Handbook on the Protection of Stateless Persons* for a detailed overview of the law and policy needed in states to meet their international obligations on statelessness.

⁴Sweden does not have a stateless determination procedure; it does not grant protection solely based on a person's statelessness. See the UNCHR (2016) for country analysis on Sweden with regard to how they are failing to meet their obligation to the 1954 and 1961 Conventions and in what areas they are meeting them.

oppression or discrimination by state and non-state actors, as was the case with the Bidoon people of Kuwait.⁵ Where civil society organizations are able to form, they may still be unable to secure funding nationally or internationally if they are not registered with the state. This is especially the case for organizations founded by the community but can also impact those serving them.

Stateless persons are largely represented by a group of international technocrats, most notably the UNHCR, but also several key international and regional NGOs, many of which are cited here. While some organizations are addressing this, there is a general lack of space for meaningful and inclusive participation for stateless individuals and communities in their representation at an international level.

15.3.2 *Mezzo-Challenges*

At a mezzo-level, challenges and opportunities faced by one stateless community often impact other stateless communities or individuals nationally or internationally. This can be positive, but it can also complicate the provision of assistance and advocacy strategies. A “one-size-fits-all” approach to “protecting” stateless persons and “solving” their statelessness is not sufficient.

Another challenge is that in some nation-states or regions with large stateless populations, one or two populations can dominate the statelessness discourse. McAuliffe (2017) argues that the intertwined phenomena of irregular migration, statelessness, and protection in Southeast Asia have led to a situation whereby the discourse surrounding migrants’ rights more generally has become muted. Akram (2018) makes a similar argument, though with a focus on Palestinians, in the context of the Middle East and North Africa. Further, statelessness impacts not only stateless persons and communities but also their family members, the wider community, and even regional communities.

For example, Lebanon is home to a large non-Palestinian stateless population who have been stateless for generations. However, the highly politicized nature of the Palestinian refugee situation dominates the statelessness discourse in the country and obscures and marginalizes the needs of these other groups.⁶

Even when assistance or solutions are available, accessing state services or agreeing to the proposed solution to their statelessness may go against community values or their ideological position. For instance, stateless Palestinian and Kurdish refugees may not wish to be naturalized in certain states as this may be perceived as them forfeiting their right of return, or connection, to their homeland. If they have acquired citizenship, they may still identify as stateless because the original cause of their statelessness has not been addressed or internationally acknowledged (see Fiddian-Qasbiyeh, 2016; Pérez, 2011; Sköld, 2019).

⁵ See Amnesty International (2019).

⁶ See Tucker (2014) for a detailed analysis of statelessness and citizenship in Lebanon.

15.3.3 *Microchallenges*

It is very difficult to identify statelessness with complete confidence, especially for non-state actors working with stateless individuals or communities who lack resources and skills to be able to do so. Further compounding this is the reality that many people do not even know they are stateless.

Where statelessness has been identified, the impact of being categorized or labeled as stateless can be positive and negative or have little meaning, with the impact of this label changing over time and space. Gabiam (2015) researched the status of Palestinians in France and questioned the UNHCR discourse on statelessness by focusing on individuals' understanding of being stateless, finding the following:

While being a member of a stateless people is a cause of statelessness at the individual level, this does not mean, in practice, that a person who is a member of a stateless people is necessarily stateless in the legal sense: that he or she is not recognized as a national of any state. (p. 481)

For the Rohingya refugees in Southeast Asia, it has been argued that being categorized as refugees or stateless has no tangible benefits for the population given the lack of refugee or asylum systems in most states in the region (Mutaqin, 2018).

There are also socio-economic and psychosocial impacts of statelessness at an individual level that must be considered. These impacts can also remain even if the individual has acquired citizenship. Research has begun to explore impacts of the stress and trauma related to statelessness for certain migrant populations and their vulnerability to psychological distress and mental disorders (Riley et al., 2017; Tay et al., 2019).

Individual stateless persons can face limited access to state services, whether this be *de jure* or *de facto* (see Harrop & Ioakimidis, 2018). This is closely tied to intersectional discrimination and the lack of law, policy, and awareness on statelessness discussed above. There can also be a lack of trust in authorities, resulting from discrimination and marginalization, which means that even when stateless persons do have access to state services or new initiatives are introduced to assist them or resolve their statelessness, they may self-exclude. The population may be inaccessible or have resisted access to services due to being in detention. Arbitrary and prolonged detention is also an issue that impacts displaced stateless persons.⁷

15.4 Key Knowledge and Capabilities of Social Workers Practicing with Stateless Populations

Identifying statelessness is challenging for various reasons. As mentioned previously, many stateless people do not know they are stateless, and it is beyond the scope of the social work position to be able to concretely identify who is and who is

⁷ See the UNHCR (2017c), which provides practical guidance on the identification and assistance of stateless persons in arbitrary detention.

not stateless. Identifying those who are at risk of statelessness can be a useful approach to overcome this problem, as concretely identifying a client as stateless will not necessarily mitigate many of the negative impacts of statelessness.

15.4.1 Initial Engagement

The initial engagement with those who are potentially stateless must include the following:

- Ensuring that the social workers' agencies have inclusive policies and serve the person to their best ability regardless of their paperwork and migration status.
- Effective communication to build trust and relationship, as well as defining a joint agenda. This overlaps with ensuring that services provided are in line with needs of the individual and avoids assumption that acquiring citizenship is the client's most pressing concern.
- Interpersonal communication skills in order to deal with mistrust, not take difficult encounters personally, and provide the client with information about realistic potential outcomes.
- Communication must be non-adversarial, and the purpose of asking about their risk of statelessness must be made clear to the client. Communication should include the following: clarification about what will be done with disclosed information, sensitivity to distress from being asked questions about identity and documentation, acknowledgment of the possibility of false documentation, and acknowledgment client's stress regarding the decision to reveal these documents and/or reveal that they are fake/falsified.

Along with sensitivity to statelessness, these skills will establish a foundation upon which a risk of statelessness can be identified.

15.4.2 Risk of Statelessness Indicators

Answers to the following questions may serve as useful indications that a client or group may be at risk of statelessness:⁸

- Do they claim to be stateless?
- Is the client a member of a group that is known to be stateless or at risk of statelessness?

⁸This list was adapted from van Waas et al. (2014) and UNHCR (2017a).

- Is the client without documentation? While most people who are undocumented are considered citizens of a state, the lack of documentation of displaced persons may indicate statelessness or put the client at risk of becoming stateless.⁹
- Is the client's citizenship unclear or disputed by authorities where they reside, in their country of birth, or in their country of former habitual residence?
- Has the client been in detention for a longer period than other migrants in a similar situation or who are from the same country of origin/former habitual residence?
- Has the client been in removal or deportation proceedings for a longer period than other migrants in a similar situation or who are from the same country of origin/former habitual residence?
- Has the client been in a cycle of detention and release based on a lack of documentation or unestablished identity or citizenship?

15.4.3 Other Ways Social Workers Can Support Stateless Persons

Social workers should seek out information on the rights of stateless persons in the nation-state in which they work. In some countries, the legal and policy framework on statelessness has been explicitly mapped. In others, research on specific populations or aspects of statelessness is available. While these countries are few and far between, searching for accurate information is a useful first step to understand the context. Further, research from a range of disciplines should be drawn upon to gain a more holistic understanding of the context of statelessness in certain nation-states or for specific populations.

Social workers should also search for national or local actors or individuals working on statelessness as they can be an invaluable source of guidance and expertise. In addition, UNHCR national or regional offices have staff with expertise on statelessness who can be contacted for advice, as well as several international and regional civil society organizations whose work is centered around statelessness or who have considerable expertise on the issue.¹⁰

Given the lack of guidance on mental health, psychosocial support, and community building for those working with stateless persons, the following is recommended. First, any action taken must be on a case-to-case basis, which involves an individual general risk assessment (not to be confused with an assessment of risk of statelessness which is a following step). Second, one should draw on resources available for other individuals or populations in a similar situation. For example, look for guidance on mental health, psychosocial support, and community building

⁹Manby's (2016) report provides a detailed review of the relationship between statelessness, forced migration, and identification.

¹⁰A list of these organizations can be found at the end of the chapter.

for migrants without documents, those who are “undeportable,” asylum seekers, refugees, migrants who distrust authorities, or migrants without a legal status. This book serves as a wonderful resource for readers in this regard. See Chaps. 5, 12, and 13 for more information on mental health, psychosocial support, and trauma-informed services. The groups chosen will differ depending on the context you are working within; however, many of the challenges and means to overcome them are similar for other vulnerable, non-stateless migrants.

Social workers can also provide information on practical steps to reduce and prevent statelessness among displaced clients and their children.¹¹ For example, where documents of proof of residency or birth are available, the importance of these should be made clear to clients. Sometimes there is a need for the confirmation of nationality, especially in cases of state secession but also in circumstances in which displaced people can be repatriated. With regard to children, it is very important that, if available, the child’s birth is formally registered and proof of birth is obtained by parents. Social workers should be aware of how to support in these registration processes.

15.4.4 Advocacy

The Organization for Security and Co-operation in Europe (OSCE) and the UNHCR (2017) provide guidance on developing successful mechanisms and strategies for advocacy to shift toward policies of inclusion for displaced stateless persons and their children. These strategies include the following:

1. Identify key stakeholders (local, national, regional, and international). This includes identifying already existing resources and networks that can be drawn on. The identification and mapping of key stakeholders also serve to raise awareness about statelessness.

The Global Campaign for Equal Nationality Rights employed this approach with great success. The organization focuses on advocating for gender equality in nationality law, one of the causes of statelessness. They have drawn together a broad coalition of actors, from the local to the international level, and run national and international advocacy campaigns, as well as undertaken research and awareness raising on the impact of this form of gender discrimination.¹²

2. Share available knowledge and seek to identify causes and consequences of statelessness in one’s context. Research and outreach on statelessness are often most effectively undertaken by local community groups. If an advocacy effort is not community led, then engaging individuals in the community is essential to

¹¹ See Manby (2016), the Institute on Statelessness and Inclusion and the Norwegian Refugee Council (2016), and the UNHCR (2017a, b, c, d).

¹² For more information on The Global Campaign for Equal Nationality Rights, see <https://equal-nationalityrights.org/the-issue/the-campaign>

ensure their voices are heard and to find suitable and sustainable campaigns, the goals of which are in line with the communities’.

The Ferghana Valley Lawyers Without Borders is an excellent example of the impact of a locally coordinated outreach and registration organization for persons at risk of statelessness.¹³ Since 2014, the organization has been UNHCR’s implementing partner in southern Kyrgyzstan, where it created and coordinated 30 mobile legal teams. These teams travel to remote areas of the country to assist those at risk of statelessness with confirming their citizenship. Their knowledge of the local area and of the nomadic routines of some of the population, the trust they already had with the population, and their ability to secure the support of the heads of the villages, as well as local and national government officials, were crucial to the success of this initiative. In addition, they also undertake strategic litigation on statelessness and work with the government on further law and policy reform on citizenship.

3. As discussed by the OSCE and the UNHCR (2017), there is a need to build collaborations not only in civil society but also with relevant government authorities:

State institutions such as legislative bodies, ministries, local authorities, the judiciary, and national human rights institutions play a key role in addressing statelessness, and their involvement is of paramount importance. Although there is sometimes an overlap, the authorities dealing with nationality and statelessness may not be the same as those responsible for national minorities, forced displacement issues or migration. Effective responses may, therefore, require developing new government partnerships. (p. 79)

Finally, while the above deal with macro- and mezzo-level advocacy, microlevel advocacy can also play a significant role, particularly in combatting discrimination and encouraging political participation and advocacy.

15.5 Conclusion

The relationship between displacement and statelessness is increasingly coming to light. Statelessness can be both a cause and a consequence of displacement. It is a relationship that can be seen in numerous displacement contexts and, as such, is a phenomenon about which social work practitioners working with displaced populations should be aware. This chapter explores the relationship between statelessness and displacement, the major challenges social workers face in working with these populations, and some practical tools to help overcome them. In so doing, this chapter hopefully provides a much needed, though currently underdeveloped, practical foundation upon which practitioners can build.

¹³ For more information on Ferghana Valley Lawyers Without Borders’s project, see <https://www.unhcr.org/5d7a4fe24>

15.6 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter.

Most readers should find all discussion points relevant. However, for some readers, especially those who are stateless and those who can already relate the topic to their lived experience, certain discussion points may seem obvious. In this case, it is suggested to focus on questions 4 and 5:

1. If you have citizenship(s), how did you acquire it/them? Did you acquire it because one or both of your parents have this citizenship or because of where you were born? Or did you become a naturalized citizen later in life? What does your citizenship mean to you?
2. What aspects of your daily life are dependent upon your citizenship? This does not necessarily mean that you are in a state where you have citizenship, as being a foreign citizen also has certain rights and privileges.
 - For example, did you need to show an ID or other proof of your citizenship to open a bank account, get a driver's license, or obtain a travel card? What role does your citizenship play in access to, for example, education, healthcare, social welfare, or other state services?
 - Take out your wallet or purse and look through the cards inside. Reflect on which ones – perhaps a library card, bank card, loyalty card, and gym membership card – you would not be able to have if you were stateless.
3. Look online on various sign-up or registration pages. This may be, for example, for airlines, train or bus tickets, food delivery, or online shopping. Does it ask for your citizenship? If so, and if there is a drop-down menu of choices, is there an option to click “stateless?”
4. Do you know of any stateless populations, especially those who may be displaced? Consider the causes, consequences, and challenges this population faces, and reflect upon how this would impact social work with them.
5. Does the nation-state you are from, live in, or work in have a procedure to determine statelessness? Does the state grant a status and rights to protect stateless persons? If yes, what rights do people receive, and what issues of access or discrimination can be identified in the provision of rights of accessing of services? If no, what impacts can you foresee of being stateless in the country?

15.7 Suggested Resources

1. UNHCR, Self-Study Module on Statelessness.¹⁴
2. UNHCR, 2014, *Nationality and Statelessness: Handbook for Parliamentarians* N°2.¹⁵

¹⁴ <https://www.refworld.org/pdfid/50b899602.pdf>

¹⁵ <https://www.refworld.org/docid/53d0a0974.html>

3. UNHCR, 2014, *Handbook on the Protection of Stateless Persons*.¹⁶ This is more of a technical legal guide to statelessness under international law.

15.8 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives. The following are some of the common challenges and misconceptions that arise when teaching on the issue of statelessness, as well as ways to avoid or overcome them:

1. Students may find it difficult to relate to the concept of statelessness. As discussed earlier, many people hold the deeply engrained idea that everyone must have citizenship. Thus, the question of “but how is that possible?” often arises when teaching about statelessness. The questions provided above can be useful here as they allow students to ground citizenship and statelessness and begin to unpack concepts in terms of how they impact their everyday life.
2. There is confusion between being undocumented and being stateless. Only some undocumented people are stateless. The distinction depends on whether a nation-state considers the person to be a citizen, which for most undocumented people is the case. To illustrate this point, ask students what would happen if a citizen was to put their passport or ID in the trash or simply lose it. Would this mean they are no longer a citizen? In the vast majority of situations, this would not be the case. Most states have records of their citizens or have other mechanisms to confirm citizenship. These documents can be replaced as and when they are needed. Lacking documentary proof of citizenship is not the same as statelessness, but it can indicate a risk of statelessness.
3. It can be difficult to explain the difference between ineffective citizenship and statelessness and where the former turns into the latter. This is because there is a lack of consensus on this issue under international law. Some would say that those with “ineffective citizenship” are de facto stateless. For example, refugees who still hold citizenship of a nation-state but have been forced to flee due to persecution by their nation-state may be considered stateless under this definition. However, those without a legal bond to a nation-state (with no nation-state seeing them as a citizen) can be labeled de jure stateless. This distinction, as well as the usefulness of making it in terms of assisting and resolving statelessness, is hotly debated.
4. Statelessness has traditionally been viewed predominantly through a legal lens. This assumed that as a “legal issue,” it only requires a legal analysis to identify its cause, consequences, and possible solutions. The UNHCR and other actors

¹⁶ <https://www.unhcr.org/protection/statelessness/53b698ab9/handbook-protection-stateless-persons.html>

have provided many guides on how to interpret law and policy with regard to statelessness, developed for a range of audiences (see pedagogical resources that follow). However, a growing body of multidisciplinary and interdisciplinary research is showing the value of broadening our perspective on statelessness. I would actively encourage students to draw on research from a range of disciplines.

5. The statelessness of some populations or individuals can be highly politicized and divisive. While this can be a useful tool to facilitate debate in the class, it can also obscure discussions about statelessness more generally or about other populations that you wish to explore (the Lebanese problem discussed earlier).
6. While more research and knowledge are becoming available, it is still limited. This provides students the opportunity to undertake groundbreaking and potentially highly impactful research.

Pedagogical resources on statelessness in a range of languages, targeted at different audiences, are available. The following are a few key teaching and learning resources (all available in a range of languages):

- Institute on Statelessness and Inclusion, *Learning About Statelessness with Neha*.¹⁷ This is an excellent teaching guide filled with activities designed to help educators teach children and young people about statelessness. There is also an ongoing advocacy campaign related to the guide.

Looking at resources made available by international, regional, or thematic organizations working on statelessness, the following are also recommended:

- The American Network on Statelessness and Nationality (Red ANA)¹⁸
- Citizenship Rights in Africa Initiative¹⁹
- The European Network on Statelessness (ENS)²⁰
- The Global Campaign for Equal Nationality Rights, which focuses on gender discrimination and statelessness²¹
- Hawiati, which focuses on the Middle East and North Africa²²
- The Institute on Statelessness and Inclusion (ISI)²³
- Nationality for All, which focuses on the Asia-Pacific region²⁴

¹⁷ <http://www.kids.worldsstateless.org/teach>

¹⁸ <https://americasns.org>

¹⁹ <http://citizenshiprightsafrika.org>

²⁰ <https://www.statelessness.eu>

²¹ <https://equalnationalityrights.org/the-issue/the-campaign>

²² https://twitter.com/Hawiati_MENA

²³ <https://www.institutesi.org>

²⁴ <https://nationalityforall.org>

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Chapter 16

Social Work Practice with Asylum Seekers



Tanzilya Oren

16.1 Who Is an Asylum Seeker: Brief Overview of Terminology and Legal Framework

This section discusses the legal terminology and historical roots of refugee and asylum laws and policies and their implications for today's population of asylum seekers. Legal frameworks that outline and guide asylum processes provide social workers with the macropolicy context in which asylum seekers operate. Considering that forcibly displaced people may see and label their statuses differently, this overview is limited to written government laws and policies related to asylum only.

Case Study

Ms. A.B. is an asylee from El Salvador. In 2014, she fled to the United States (US) to seek protection from her husband, who had subjected her to horrific physical, sexual, and emotional violence for 15 years. The Salvadoran authorities failed to protect her by not enforcing formal restraining orders. She was screened at the US-Mexico border and let in after a credible fear interview. She appeared in an immigration court in Georgia, where the judge denied her claim. The decision was appealed and reviewed by the Board of Immigration Appeals (BIA),¹ and the BIA reversed the judge's decision. In 2018, then-US Attorney General Jeff Sessions attempted to overrule the decision of the BIA

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by arguing against the precedent decision applied in A.B.'s case, which affirmed previously that domestic violence was a basis for international protection (for details on this famous case, see Center for Gender & Refugee Studies, 2018). The situation of A.B. demonstrates the contentious and interpretable nature of the standard legal definition of a refugee.

In the first quarter of the twenty-first century, we are witnessing the largest displacement of people around the world, comparable only to the period following World War II (WWII, Bagaric, 2017). While the right to seek asylum is a fundamental human right proclaimed in the UN *Universal Declaration of Human Rights* (UDHR), Article 14, the UDHR does not assign countries a responsibility to provide asylum. It also specifies that asylum can only be claimed based on personal persecution on specific grounds. Article 14.2 of the UDHR puts forward founding principles that informed the modern and primarily Western, global asylum system we have today (UN General Assembly, 1948).

The Geneva Convention of 1951 sets very restrictive eligibility criteria for attaining refugee status, the status sought by asylum seekers. The legal terms “refugee,” “asylum seeker,” and “asylee” share a historical and Western-centric legal foundation developed from two post-WWII treaties: the 1951 Convention Relating to the Status of Refugees, also known as the 1951 Refugee Convention or Geneva Convention of 1951, and the subsequent 1967 Protocol Relating to the Status of Refugees (“the 1951 Convention” is used hereafter and includes its 1967 Protocol²). The 1951 Convention and its refugee definition reflect the Western political culture and zeitgeist of the time, shaped by horrors perpetrated by the Nazis throughout WWII (Hathaway, 1990; Fiddian-Qasmiyeh et al., 2014).³

Other forms of temporary and subsidiary protections were developed to expand upon the refugee definition of the 1951 Convention. For example, the UN Convention Against Torture (CAT) is also used to adjudicate asylum cases and implement the same as the 1951 Convention's principle of *non-refoulement* – not forcibly returning asylum seekers to their countries of origin. Regional and *nonbinding* refugee protection treaties – including the Convention Governing the Specific Aspects of Refugee Problems in Africa, signed by the African Union in 1969, and the Cartagena Declaration on Refugees, signed in 1984 between North and South American

¹The BIA, a body within the US Department of Justice, hears appeals from asylum seekers whose cases were denied by immigration judges. BIA can overturn denials of asylum or side with immigration judges. In cases of BIA denial, asylum seekers can appeal in the US Court of Appeal for the Seventh Circuit (Hamlin, 2014).

²Technically, the United States is not a signatory to the 1951 Convention, but it adopted the Convention's *non-refoulement* provision and is bound through the ratified 1967 Protocol (also, Cabo Verde and Venezuela are parties to the Protocol only). Around 148 countries are signatories to one or both of these related instruments (UNHCR, 2011).

countries (excluding the United States and Canada) – also extend the definition of a refugee³ (Gunning, 1989).

An asylum seeker is a potential refugee whose claim for protection has not yet been decided on and who is usually inside the country where they are seeking international protection (UNHCR, 2014). Many governments have a process in place for reviewing asylum applications, called Refugee Status Determination (RSD), which includes applying its national refugee laws, other subsidiary protections, the 1951 Convention if the government is a signatory, and the CAT. In some 50 countries, which are not signatories to the 1951 Convention or do not yet have an RSD infrastructure, the UN High Commissioner for Refugees (UNHCR) conducts RSD (UNHCR, 2020).

As of 2020, there are at least 4.2 million asylum seekers in the world (UNHCR, 2020). The UNHCR reports that between 2010 and 2019, the number of asylum seekers has been steadily increasing due to ongoing conflicts in Ukraine, Syria, Iraq, and Afghanistan and the deteriorating situation in Venezuela (UNHCR, 2019). In this time span, asylum seekers who migrated to Europe by the Mediterranean Sea route gained a lot of media coverage due to many catastrophic drownings of migrants traveling by makeshift and unseaworthy boats. The United States has witnessed a sharp increase in asylum seekers at its southern border since 2013, and Europe and Australia have also seen that numbers of migrants dramatically increase from 2015 to 2018.

Over the last decade, the majority of the new asylum applications have been lodged in Europe and the United States. Still, Peru, Uganda, and Turkey have also been accepting a large number of applications for asylum (UNHCR, 2021b). Almost 500,000 asylum seekers from Venezuela filed claims for international protection in Peru from 2016 to 2019 (UNHCR, 2021a).

Destination countries' governments responded with reactionary policies to stem increasing flows of migration, motivated primarily by narrow national interests, including security concerns. The history of modern nation-states, the initial expansion and later constriction of welfare states, and the process of decolonization that intensified movements of people across continents, combined with the current massive displacement of people due to many factors, have compelled rich and primarily Western powers to erect formidable systems that deter migration. These systems restrict entry and access to asylum through expansive visa procedures, detention of asylum seekers, deference of responsibility to the UNHCR by funding semipermanent refugee camps far away from Western countries, and interception and forced return of migrants at sea (Bagaric, 2017; McGuirk & Pine, 2020; Martin et al., 2013).

In addition, Western countries have long engaged in the so-called remote border control by creating systems to stop asylum seekers before they are able to reach borders and by "outsourcing" this role of control to neighboring, non-Western countries and Western private corporations that build offshore migrant camps. This traps asylum seekers outside the United States, Europe, and Australia in border towns of Mexico, in Turkey, and on Nauru and Papua New Guinea, respectively (FitzGerald, 2019).

16.2 Overview of Current Asylum Policies and Procedures in the United States (US)

This section explores asylum policies in the United States and describes the population of asylum seekers. In the United States, social workers may meet asylum seekers at specific nonprofit organizations, especially those providing legal consultations and referrals to pro bono attorneys. At the same time, most asylum seekers either go to their asylum interviews unrepresented or appear before immigration judges with private attorneys without being assisted by an agency or a nonprofit. Except for unaccompanied children, adult asylum seekers in the United States are not guaranteed any basic welfare supports, such as housing, health insurance, or cash assistance. Thus, in the absence of an infrastructure of support for this population, social work practice with asylum seekers needs to be expanded through advocacy for comprehensive federal policies, funding, and services to overcome institutional and legal barriers that prevent meaningful interaction between social workers and asylum seekers (Łukasiewicz et al., 2021).

The United States had a rather ad hoc refugee admission system before the 1980 Refugee Act. First, many voluntary, faith-based organizations brought refugees by petitioning the federal government and asking for specific discretionary permission for their entry. For example, the Hebrew Immigrant Aid Society (HIAS) was established in 1881 to assist Jews fleeing persecution in Eastern Europe. Second, the federal government passed specific temporary acts, such as the Cuban Adjustment Act of 1966 and the Indochina Migration and Refugee Assistance Act of 1975, that provided a broader refugee definition and a package of direct financial assistance and access to public benefits. These acts were motivated by foreign policy priorities, and the eventual passage of the 1980 Refugee Act was, in part, motivated by the anti-communist stance of US foreign policy.

The United States signed on to the 1967 Protocol in 1968, and the US government drafted its own Refugee Act in 1980 (Hamlin, 2014). The 1980 Act, codified in the US Immigration and Nationality Act (INA), was the first federal law to provide systematized admission procedures and public benefits to asylees and refugees in the United States, in line with the 1967 Protocol (Schoenholtz et al., 2014; Hamlin, 2014; Martin et al., 2013). The 1951 Convention's narrow definition of a refugee was preserved, maintaining that the eligibility requirement for refugee and asylum protections was the experience of past (or fear of future) persecution on five specific grounds at the individual level.

An asylum officer or an immigration judge can consider asylum seekers, whom they do not find eligible for refugee or asylee status under this strict definition of a refugee, for a “withholding of removal” (WOR) status under the CAT. WOR status has more restrictive benefits; namely, people with WOR can stay legally in the United States but cannot apply for permanent residency or petition for their family members to join them in the United States.

Rather than serving purely administrative purposes, already restrictive and deterrent refugee and asylum procedures in the United States have become highly

politicized, allowing only certain refugees and asylees to enter. For example, US government admitted refugees from primarily communist states over the decades (Martin et al., 2013; Schoenholtz et al., 2014).

US international protection procedures outline two potential pathways for asylum applicants: *affirmative* and *defensive* asylum. The affirmative asylum procedure is for those who entered the United States on a valid visa and filed for asylum within 1 year of their arrival. A US Department of Homeland Security (DHS) and US Citizenship and Immigration Services (USCIS) officer interviews affirmative asylum seekers in a non-adversarial manner, i.e., in a nonconfrontational, positive way. The affirmative asylum process also includes those who claimed asylum at a US port of entry, such as along the national border or at an airport. These asylum seekers are interviewed to determine if they have “a credible fear” of persecution.⁴ Based on this interview outcome, they are either deported or sent to appear before an immigration judge of the Department of Justice (DOJ)s immigration court system, specifically the Executive Office for Immigration Review (EOIR). Asylum seekers referred to the immigration judge are either let into the United States or sent to a detention center to wait for a hearing.

The asylum regime in the United States is also very legalistic and contentious. Though the affirmative asylum process starts with a non-adversarial interview, an attorney’s presence dramatically increases chances for a positive outcome. However, the right to counsel is not guaranteed and may not be financially accessible. Consequently, asylum seekers are forced through what can be an expensive process, involving lengthy procedures through immigration courts and general court systems, without legal representation (Ramji-Nogales et al., 2011; Hamlin, 2014).

Social workers currently have limited presence during these processes. Affirmative and defensive asylum seekers usually arrive individually or with families and find themselves isolated and do not know which organizations can provide support and guidance. Though there are various, usually small, nonprofit and charity organizations that aid asylum seekers, they are in short supply and cannot meet enormous legal and social welfare needs of potential asylum seekers and those in asylum processes. Funding for social services for asylum seekers is almost nonexistent in the United States, with no public funding available. Most nonprofits rely on volunteer and pro bono service providers. Thus, social workers’ role is to advocate for more services, more funding, and more visibility for asylum seekers. Case management, mental and physical health support, orientation to legal processes, and accompaniment are all vital services for which social workers can advocate.

³See Chap. 3 “International Treaties, Conventions, and Laws on Forced Displacement” for a detailed description and explanations of these legal frameworks.

⁴Asylum officers at national borders and in detention centers conduct short “credible fear” interviews with potential asylum seekers who stated to Customs and Border Protection (CBP) officers that they want to apply for asylum. These interviews aim to assess “a significant possibility” of persecution based on the refugee definition and of torture that warrant a hearing before an immigrant judge USCIS (2021).

The defensive asylum process involves people in deportation proceedings because they overstayed their visas or entered without inspection (EWI) and were apprehended by US immigration authorities. Immigrants in this process can claim asylum, thus getting a hearing before an immigration judge (Mossaad, 2019; Human Rights First, 2014). These potential asylum seekers are detained because of some violation and found to have an expired or no immigration status. They have to defend themselves against deportation, using asylum as one of the legal mechanisms, hence, the defensive asylum process.

Many affirmative asylum seekers who claim asylum at borders and most defensive asylum seekers are detained in special immigration detention centers for civil, as opposed to criminal, temporary custody. Living conditions in many detention centers are unsanitary, and they do not provide a minimum standard of housing (Kelly, 2019). The laws in Western countries may provide restrictions on the length of detention and potential alternatives to detention for people seeking protection. In reality, however, detention is often used as punishment for seeking asylum (Briskman, 2020). For example, in the United States, the infamous “zero tolerance” policy implemented briefly in 2018 led to the forceful separation and mandatory detention of children and families at the US-Mexico border (Refugees International, 2018). At the same time, other potential alternatives, such as parole, community programs, and sponsorship, are not offered or not legally authorized in most cases (Schacher, 2019).

A decision of an immigration judge – who is not a traditional “judge” but rather a DOJ employee appointed by and representing the US attorney general – to deny asylum can be appealed by the BIA and further in the Seventh Circuit of Appeals. Asylum procedures can often take years due to a large backlog of cases in immigration courts (see a database by Syracuse University, 2020).

16.2.1 In Numbers: Asylum Seekers in the United States

In 2019, the USCIS received around 97,000 affirmative asylum applications (Baugh, 2020). Countries of origin of asylum seekers reflect current conflict and political situations around the world. For example, from 2017 to 2019, the most affirmative asylum applications came from Venezuelans; a large number of applications in 2019 also came from Chinese nationals and from nationals of the “Northern Triangle” countries of Guatemala, El Salvador, and Honduras (Baugh, 2020).

In 2019, 210,752 defensive asylum applications were filed, almost a 25% increase from 2018 (Batalova et al., 2020; Baugh, 2020). Still, however, both affirmative (USCIS) and defensive (EOIR) asylum systems have extensive backlogs, with about 400,000 affirmative cases pending in 2020 and almost 500,000 defensive asylum cases pending in the EOIR (DHS, 2020). In January 2018, the USCIS started reviewing asylum applications on a “last-in first-out” basis (as it did sometimes in the past), prolonging wait times and increasing the backlog of those with older cases (Batalova et al., 2020). This recent policy was intended to deter “fraudulent” claims and expedite denials and deportations of the newest claimants.

It is difficult to estimate what percentage of affirmative and defensive asylum applications are approved because the timing between filing claims and getting decisions is dramatically prolonged due to the extensive backlog of asylum cases. According to the USCIS, from 2016 to 2019, most affirmative asylees were relatively young, with over 60% from 18 to 44 years of age and a third below 18 years of age, with equal gender distribution (Mossaad, 2019; Baugh, 2020).

A unique subpopulation of asylum seekers is unaccompanied children. Since 2013, unaccompanied children have been arriving in increasing numbers at the US-Mexico border, with 49,100 children arriving in 2018 and 69,488 in 2019 (Office of Refugee Resettlement, 2020). The children come mainly from Honduras, Guatemala, and El Salvador (Office of Refugee Resettlement, 2020). Any child who arrives alone or with an unrelated individual at the border is referred to as an “unaccompanied alien child” (UAC) and is transferred from the responsibility of the commissioner of the Immigration and Naturalization Service to the director of the Office of Refugee Resettlement (ORR) of the US Department of Health and Human Services (DHHS) (Kandel, 2019). Children may apply for asylum on their own and go through legal procedures similar to the process for adults. Since UACs are the responsibility of the DHHS, which funds various health and social services, children have more access to support and social workers than adults do.

Compared to the global need for international protection, the overall numbers of approved asylum cases in the United States are low due to high selectivity, burdensome eligibility criteria, and documentation requirements for asylum seekers. Obtaining visas, travel, and, in the case of land crossing, payments to smugglers are also financial factors that impact the number of asylum seekers who reach the US borders.

16.2.2 Asylum Seeker Status in the United States and its Implications for Accessing Services

The US 1980 Refugee Act and the previous temporary acts to admit certain refugee groups included provisions for direct support, including temporary housing, subsidies for living expenses, and a package of core and supplemental social services, such as language training, special health, school, and small business programs. However, asylum seekers have always been excluded from any federally funded social support provisions (Office of Refugee Resettlement, 2015). The few available benefits to asylum seekers are uneven and very restricted. For example, non-detained asylum seekers in the United States with active asylum claims may access the following:

- The labor market, after 180 days after filing an asylum application.
- Urgent and emergency and other health insurance, such as Medicaid, depending on their US state of residence.

- English classes and limited social services, such as food banks, services to pregnant people and their infants, and emergency healthcare, that are not specific to asylum seekers but instead available to all regardless of their immigration status.
- Limited legal support provided by local nonprofit organizations, funded mainly by local governments and private donors.

Many asylum seekers cannot receive their employment authorization after 180 days due to delays in their cases because of lost documents, requests to reschedule the appointments, and other causes. Thus, affirmative asylum seekers cannot financially support themselves through legal employment for 6 months, if not longer, and they do not qualify for any government assistance. One of the most pressing needs is legal counsel, which is not guaranteed to asylum seekers, making them scramble for scattered and very limited free or pro bono legal services.

16.2.3 US Special Procedures: TPS

Temporary protected status (TPS) is another form of protection for individuals from certain countries, designated by the secretary of the US Department of Homeland Security. This status is attainable for those who are in the United States when a war, a natural disaster, or another extraordinary event happens in their countries, making it unsafe for them to return (USCIS, 2020). In 2021, there were 11 countries covered by TPS.⁵ TPS does not provide a path to permanent residency, but it also does not preclude eligible individuals from applying for asylum or other types of protection or immigration status (American Immigration Council, 2020).

16.3 Overview of International Protection and Asylum Procedures in Europe

This section provides an overview of European asylum policies and procedures, allowing social workers to compare asylum regimes in different Western legal contexts. Unlike in the United States, in most EU countries, social workers engage with asylum seekers in the context of public and material service provision, such as guaranteed housing, food, basic medical care, and education. The infrastructure of these basic supports is not without its challenges, and social workers often find themselves constrained in the way these services are funded and provided.

The international protection processes, procedures, and policies in most European countries are regulated by the Common European Asylum System (CEAS). CEAS

⁵In 2021, countries designated for TPS in the United States were El Salvador, Haiti, Honduras, Nepal, Nicaragua, Somalia, Sudan, South Sudan, Syria, Venezuela, and Yemen.

is part of the *E.U. asylum acquis*, the accumulated body of laws, rights, and obligations relating to asylum that are binding for European Union (EU) member states.

The CEAS includes provisions of fundamental legal frameworks protecting refugees and asylum seekers, namely, the 1951 Convention, the CAT, the UN Convention on Civil and Political Rights, the EU law, and the European Court of Human Rights (ECHR, Gill & Good, 2019; ECRE, 2020a). Four primary laws – the Asylum Procedures Directive, the Reception Conditions Directive, the Qualification Directive, and the Dublin III Regulation – as well as the Eurodac (the European fingerprint database) regulation, constitute the CEAS (EASO, 2020).

The Dublin III Regulation guides the start of an asylum procedure inside Europe. The Dublin III determines which state within Europe is responsible for reviewing an initial asylum application (often, the state where an asylum seeker's fingerprints are first taken) and where an asylum seeker should be transferred (European Parliament and Council, 2013d; ECRE, 2020a). In 2020, 32 European countries were part of the Dublin III: 27 EU member states⁶ and four non-EU countries (Switzerland, Norway, Iceland, and Lichtenstein)⁷ (Eurostat, 2020).

The law, and specifically the Reception Conditions Directive, allows detention of asylum seekers in Europe for six reasons: to identify the person; to evaluate the risk of a person absconding; to determine if the person has a right to enter the territory; if, during a removal procedure, the state believes the person may delay or frustrate their deportation; to protect national security or public order; and if there is a risk of absconding specifically during the Dublin III procedures (European Parliament and Council, 2013c). It is unknown how many asylum seekers are among all detained immigrants in Europe. However, as of 2017, the European Council on Refugees and Exiles (ECRE) estimates that 13,000 asylum seekers are detained in the UK, followed by 10,000 detained in Greece; 2500 in Bulgaria; and 2200 in Hungary (ECRE, 2020a).

A critical difference from the US process is that asylum seekers in Europe can be considered for subsidiary protection. This form of protection applies to those who do not qualify as a refugee according to the 1951 Convention but cannot return to their home country due to a risk of serious harm, including subjection to the death penalty, torture, or armed conflict (ECRE, 2020a; European Parliament and Council, 2013a). Unlike WOR status in the United States, subsidiary protection status offers a path to permanent residency and other citizenship benefits in most European countries (ECRE, 2004). Nevertheless, temporary subsidiary protection can be reassessed, and the temporary residency permits revoked. For example, see the decision of the Danish asylum authorities to designate the Damascus area in Syria safe for

⁶Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, the Netherlands, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and Sweden, and the UK (left the EU in 2020).

⁷Due to the UK's exit from the EU, the Dublin III does not apply in the UK as of January 2021. The new asylum procedures in the UK are being developed.

return for Syrians living in Denmark (McKernan, 2021). Also, special provisions for temporary and humanitarian protection exist in various forms across European countries (discussed later in the chapter).

16.3.1 In Numbers: Asylum Seekers in Europe

With the start of the civil war in Syria in 2011 and the collapse of the Libyan government in the same year, European countries witnessed a subsequent surge in the number of migrants and asylum seekers, arriving by sea and land, and subsequently in the number of lodged applications for international protection. In 2013, 400,500 applications for asylum were filed, and application rates peaked in 2015 at 1.2 million and again increased between 2018 and 2019, mainly due to the increase in applications from Venezuelans (Eurostat, 2020).

In 2019,⁸ the majority of asylum applications in the EU were filed by Syrians (12.1% of all first-time asylum applications), Afghanis (8.6%), and Venezuelans (7.3%); countries that most other asylum seekers came from were Colombia, Iraq, Turkey, Pakistan, Georgia, and Nigeria (Eurostat, 2020; ECRE, 2020a). The main countries of destination in 2019 were Germany (23.3% of all first-time applicants), France (19.6%), and Spain (18.8%); also, Greece registered 12.2% and Italy 5.7% of all first-time asylum seekers (Eurostat, 2020). The EU has special agreements with Turkey and Libya to limit the number of asylum seekers entering Europe through these countries. For example, as a result of the controversial EU-Turkey deal, Turkey hosted 350,000 asylum seekers in 2018, in addition to 3.5 million refugees⁹ (UNHCR, 2019; Amnesty International, 2017).

The majority of asylum seekers in the EU are young; in 2019, 77.3% were below the age of 35, and a third of all asylum seekers were children below the age of 18 (Eurostat, 2020). As of 2019, the gender of asylum seekers in the EU is slightly skewed: over 60% are men, and among children, 51% are male (Eurostat, 2020).

⁸The 2020–2021 COVID-19 pandemic disrupted the movement of migrants and refugees and caused many governments to shut down or significantly curtail operations of immigration offices and departments. Thus, the 2020 and 2021 numbers do not reflect general trends over time. Readers are encouraged to refer to the latest statistical information.

⁹Amnesty International reported, “The migration-related cooperation between Turkey and the EU culminated in a statement (henceforth, the EU-Turkey deal) on 18 March 2016. In essence it was simple. The deal aimed to return every person arriving irregularly on the Greek islands – including asylum-seekers – back to Turkey, while EU member states agreed to take one Syrian refugee from Turkey for every Syrian returned back to the country from the Greek islands. Returnees were to include not only migrants, but also those in need of international protection on the untrue, but willfully ignored, premise that Turkey is a safe country for refugees and asylum-seekers” (Amnesty International, 2017, p. 5).

16.3.2 *Asylum Seekers in Europe and Material Reception Conditions*

The EU Reception Conditions Directive, recast, or amended, in 2013, requires member states to provide basic “material reception conditions” (European Parliament and Council, 2013c). Asylum seekers are to be provided basic shelter, food, clothing, financial allowance, emergency and basic-treatment healthcare, schooling for minors, and access to employment after no more than 9 months after applying for asylum (European Parliament and Council, 2013c; ECRE, 2020a).

In reality, these material reception conditions vary by country, creating a very complex and unstable system across Europe (ECRE, 2020a). Some main provisions and differences across countries are presented in Table 16.1.

Author’s summary based on information from the Asylum Information Database (AIDA, ECRE, 2020a), the recast Reception Conditions Directive (European

Table 16.1 Material reception conditions (basic support) for asylum seekers in Europe

	Reception Conditions Directive	State provisions and issues
Housing	Accommodation centers to guarantee an adequate standard of living	Several countries do not guarantee housing to new asylum seekers during the Dublin III procedure. Forms of housing vary from private housing, paid for by vouchers, to government-run or NGO-run reception centers, transit centers, closed reception facilities, asylum centers, and centers for children and other vulnerable groups. Conditions inside centers and distance from city centers are problematic
Employment	Applicants to have access to the labor market no later than 9 months from when the application for international protection was lodged	In Germany, one cannot work if residing in a reception center, and one cannot be self-employed. In Austria, Cyprus, France, Sweden, the UK, and Switzerland, one can work only in certain occupations, often unskilled
Education	Minors to access the education system under similar conditions as a country’s own nationals, so long as an expulsion measure against the child or their parents is not actually enforced. Such education may be provided in accommodation centers	At least 16 countries provide preparatory classes before regular school. The main challenges include language barriers, distance to schools or inadequate on-site schools, and books and transport costs. Half of the countries have additional policies, for example, on access to higher education
Healthcare	Applicants to receive necessary healthcare, which shall include emergency care and essential treatment of illnesses and serious mental disorders	Belgium, Spain, Greece, Ireland, Italy, and Serbia provide full access to healthcare systems. Others provide limited access. Distance, language barriers, and delays in registration are the main challenges

Please note that basic supports like these do not exist in the United States, though in the US asylum seekers may apply for work authorization and emergency health insurance

Parliament and Council, 2013b; European Commission/EACEA/Eurydice, 2019), and “Integrating asylum seekers and refugees into higher education in Europe: National policies and measures” (European Commission/EACEA/Eurydice, 2019).

Asylum seekers who are in the midst of the Dublin III procedure in Germany, France, and Bulgaria and who abandon their accommodations, who do not follow the timeline of lodging their applications, or who breach any other rules may be deprived from some or all material supports (European Parliament and Council, 2013c; ECRE, 2020a). Like the United States, European countries do not provide lawyers and attorneys to asylum seekers, but their governments do fund limited legal services provided by NGOs (EASO, 2020).

16.3.3 Special Procedures in Europe: Humanitarian and Temporary Protection

In 2001, the EU adopted a temporary protection directive after the mass influx of people in the aftermath of the war in the former Yugoslavia in the 1990s, but this law was never enacted. Thus, as of 2020, there is currently no provision for a temporary protection status (EASO, 2020; Council of the European Union, 2001). If it is activated, it could be one of the potential status outcomes that might result from an asylum application in Europe, in addition to the 1951 Convention, subsidiary protection status, and humanitarian protection (EASO, 2020).

Humanitarian protection is not codified at the EU level, but many countries provide such protection at the country level. This protection may be granted through private humanitarian corridors and based on health, age, or other specific situations, such as special visas for Yazidis, groups of Syrians and Iraqis in Italy and France, and thousands of Venezuelans who were not recognized as refugees but received humanitarian status in Spain in 2019 (EASO, 2020; ECRE, 2020b).

16.4 Overview of Major Challenges for Asylum Seekers in the United States and Europe

Social work practice with asylum seekers must incorporate policy advocacy to draw attention to challenges asylum seekers face due to structural barriers, including unfair laws and policies that exclude asylum seekers from accessing information and basic supports and services, keep asylum seekers waiting for decisions for long periods of time, and subject them to discretionary decision-making on their cases. Social work with asylum seekers must also address the unique and acute mental and physical health needs.

16.4.1 Societal and Institutional Barriers

16.4.1.1 Racialization and Exclusion

Immigrants, refugees, and service providers operate in interlocking systems of oppression and structural inequalities erected with the help of dominant political ideologies of neoliberalism, economic elite-domination, racialization, and patriarchy (Green, 2019; Greer, 2013). These systems result in deteriorating welfare efforts in industrialized countries, coupled with a worsening political climate for immigrants in the United States and the West due to racist ultra-populism, the increased suspicion of immigrants post-9/11, and the 2007 global economic crisis (Dominelli & Ioakimidis, 2016; Green, 2019). The COVID-19 pandemic and associated public health ordinances worsened the already-problematic protection systems for asylum seekers through further restrictions on the movement of displaced populations and the ability of asylum seekers to reach their destinations.

Asylum seekers, while existing in the same government and welfare state systems as any other population group, are mostly excluded from said systems. For example, the modern US welfare state retrenchment that started in the 1960s, in light of increasingly racialized politics as a backlash against judicial wins regarding civil rights, initially targeted immigrants (Fox, 2016).

The long history of the racialization of immigrants in US immigration law – from the Chinese Exclusion Act and Asiatic Barred Zone to national quotas that restricted non-white, non-European migration to 9/11, which further contributed to the racialization of immigrants still today – contributes to the construction and reification of race itself (Sandoval, 2011; Kramer, 2018). Australian, European, and Canadian immigration policies have similar roots and realities (see, e.g., Canning, 2017).

16.4.1.2 Detention as Punishment

Western countries actively restrict access to international protection by detaining people who reach their territories or intercepting people in the neighboring and transit countries to prevent people from reaching their borders (Campesi, 2018; FitzGerald, 2019). The detention of asylum seekers remains a highly controversial issue from a human rights perspective, as seeking asylum is a right and not a crime. The issue has been increasingly framed in the context of securitization, as refugees are often portrayed as security threats (Bosworth & Vannier, 2020). The so-called Muslim ban in the United States put forth by the Trump administration is an example of populist securitization of humanitarian migration (the Biden administration rescinded the ban in January 2021) (Eroukmanoff, 2018; US Department of State, 2021).

Asylum seekers are usually held in specialized detention centers, but some countries, including Sweden, Switzerland, Serbia, the UK, and Ireland, detain asylum

seekers in prisons (ECRE, 2020a). Bulgaria, Greece, Hungary, and Italy practice de facto detention, or detention without formal detention orders and against the EU law, to detain asylum seekers upon arrival and even aboard arriving boats (Matevžič, 2019).

16.4.1.3 Long Wait and Asylum Lottery

Seeking protection is an unnecessarily lengthy process. Many asylum seekers wait for years for a decision on their asylum applications. Also, RSD is still an “asylum lottery” in that one’s chances of being granted a type of protection and status vary dramatically across asylum offices and immigration courts in the United States and European countries, as decision is made by individual asylum officers and immigration judges (see ECRE, 2020b; or Ramji-Nogales et al., 2011).

All of the oppressive policies that shape asylum seekers’ trajectories, especially regarding entry and RSD, are highly legalized and prone to immigration and asylum officers’ and judges’ discretion and attitudes. Social workers practicing with asylum seekers need knowledge of the complex legal systems governing international protection and the role of these discretionary decisions. This awareness is crucial in understanding how the contentious environment surrounding immigration law creates precarious statuses and limitations on asylum seekers’ access to social services and support systems, including social workers themselves.

16.4.2 Impact of Precarious Legal Statuses

16.4.2.1 Limited Welfare Rights and Legal Support

Regardless of how asylum seekers arrive – whether by airplane, boat, or land and with or without a visa – they have limited legal and welfare rights in the United States and across European countries. Language barriers between asylum seekers and receiving communities can further hamper the ability to obtain accurate information about rights and available supports (Oren & Gorshkov, 2021).

In the United States, there is no infrastructure to welcome and orient asylum seekers, which creates spaces for incompetent helpers, exploitative commercial services in communities, and predatory lawyers who take advantage of, or even abuse, them. Though minimum shelter is guaranteed in Europe, the reality is that housing for migrants is in limited supply and conditions in them are often crowded and unsanitary. They are also usually located far from city centers and labor markets, which pushes many asylum seekers to independently seek housing without government support, sometimes ending up houseless (Pascual, 2020). Minimal “guaranteed” social services often seem to control asylum seekers’ movements rather than help them (McGuirk & Pine, 2020).

A significant challenge for most asylum seekers in the United States and Europe is finding legal counsel during the asylum process. Legal support is not provided by the government but rather is patched together by nonprofit organizations and NGOs, usually in the later stage of the process when appeals to asylum denials are filed. Access to basic information about the process and the rights of asylum seekers is also limited due to language barriers, isolation from communities, overstretched caseworkers, and, most importantly, governments' prioritization of deterrence and control rather than welcome.

Both in the United States and Europe, asylum seekers who manage to find free or pro bono legal representation are often provided some essential case management services. Attorneys may also work with social workers to receive mental health evaluations for their asylum cases and, in case of severe need, treatment. However, most asylum seekers do not fit the narrow eligibility criteria for scarce free legal services and go through the process unrepresented, which in the United States lowers one's chances of receiving a favorable initial decision. Asylum seekers sometimes hire private attorneys or unauthorized helpers who often do not have the incentive or resources to provide further social supports (Hamlin, 2014; McGuirk, 2018).

Finally, many asylum seekers' long legal journey ends in a denial of protection. Thousands of asylum seekers exhaust their opportunities for appeals, and subsequently, they face forceful expulsion procedures known as removal, deportation, or "return." To avoid deportation, some people flee, abscond, or join ranks of unregulated migrants.¹⁰ Of those who do get deported, some face death upon returning (see Stillman, 2018).

16.4.2.2 Healthcare

Asylum seekers are usually young, and, in Europe, they are often male. Their arduous and dangerous transits across the world, experiences of previous trauma and ongoing chronic stress related to the journey, individual and collective loss, and asylum procedure's liminality profoundly affect their physical and mental health.

The United States and most European countries provide emergency medical care, while mental health needs remain mostly unaddressed. Particular subgroups, such as unaccompanied children, LGBTQI+ individuals, and survivors of violence and torture, may be given expedited considerations and special services, including mental healthcare, but these communities may also be abandoned in the bureaucratic maze (EASO, 2020).

¹⁰ Unregulated migrants live and work in a host country without legal immigration status or with expired or invalidated visas.

16.5 Overview of Best Practices for Social Work

The number and enormity of the challenges faced by asylum seekers across the world are staggering. Asylum seekers are just part of the continually moving populations of migrants, are forcibly displaced, and are voluntary. This chapter focuses on some vital legal and social provisions, or the absence thereof, for asylum seekers during their arduous physical and legal journeys. We, social workers, who uphold human rights and social justice, do not engage enough with issues raised here. However, we can learn from existing best practices and develop new insights into how we can play a role and join with asylum seekers in confronting these challenges. The following are some suggestions and considerations for social workers who support asylum seekers:

- Question and challenge the definitions of a refugee and an asylum seeker:
 - Learn the logic and structure of states’ “asylum regimes” or the fundamental laws and regulations governing asylum seekers, e.g., the role and powers of the DHS, the USCIS, the EOIR, and the ICE in the United States, the Dublin III system, and the entire *EU asylum acquis* as it relates to the entry, reception, and status recognition processes.
- Consider and discuss the current problems with “asylum regimes” within the following frames:
 - Colonialism, nativism, and historical and current racialization of migrants.
 - Neoliberalism, a form of economic liberalism that focuses on market provision of services, personal responsibility, and the elimination of welfare entitlements, as well as nation-states, especially with regard to protectionism and securitization.
- Articulate your understanding of forced migration and your position on deportations, family separations,¹¹ asylum policies, and human right to mobility:
 - Employing the practice of cultural humility, consider asylum seekers’ complex identities, life plans, and dreams, including potential experiences of profound trauma and loss, and also their resilience, determination, and, most of all, their human dignity.
 - Consider journeys, instability, and profound changes in lives of people who seek international protection by moving across distances.
- Critically examine Western social workers’ role as “gatekeepers” who guard access to a country’s welfare provisions and social services, particularly in the

¹¹ Many asylum seekers arrive to their destination countries individually, with family members left behind. The long asylum process can take years, while spouses and children may have to wait abroad. Some separations happen due to policies; for example, see Trump’s aforementioned “zero tolerance” or “Muslim ban” policies.

context of social work practice that traditionally is nationally and internally focused:

- Locate your own position in the system and consider how asylum seekers may view you as part of the oppressive “asylum regime.”
- Work outside the system. Social workers often do not get to work with asylum seekers who are excluded from formal systems of support and social work settings. Volunteer with groups working with survivors of torture, human trafficking, and detained immigrants in legal clinics, refugee grassroots organizations, and camps and reception centers. Examples of local initiatives include the following:
 - New York City – New Sanctuary Coalition, RIF Asylum Support, RDJ Shelter, Human Rights First, the Bellevue Program for Survivors of Torture, the Libertas Center for Human Rights, Venezuelan and Immigrant Aid (VIA), RUSA LGBT, and other formal and informal grassroots groups.
 - Paris – Watizat, [Réfugiés.info](https://refugiés.info), La Maison des Réfugiés, *Cimade*, and *Asile en France*.
 - Europe – Social Workers Without Borders (see, e.g., Cullinan, [2020](#)).

Video 16.1 provides supplementary discussion of social work practice with asylum seekers.

16.6 Knowledge and Skills Needed to Practice with Asylum Seekers

An integrative practice of social work is imperative to understand and address the unique challenges of those seeking international protection.

Assessment of the Whole System

Assessment of the system of social work practice includes the following:

- Understanding one’s own biases, as well as increasing self-awareness and reflexivity to better understand structural inequalities in one’s own country, and others (see Robinson and Masocha, [2017](#)).
- Developing deep insights on world affairs and political news pertaining to conflict, displacement, development, Western societal trends, and ideologies.
- Learning legal frameworks, both country specific and international, related to the regulation of asylum. This includes the 1951 Convention and its 1967 Protocol, the CAT, the 1980 Refugee Act, subsidiary and temporary protections, the CEAS, and the Dublin III.
- Volunteering for advocacy campaigns and learning and using public awareness campaign tools.

- Analyzing policies and proposing systemic changes to reimagine international protection.

Assessment at the Institutional and Community Levels

This involves the following:

- Learning about institutional and systematic challenges faced by asylum officers, immigration judges, lawyers, mental health practitioners, and asylum seekers themselves.
- Critically evaluating the patchwork of government and community services and supports, often limited to specific groups of asylum seekers while others are excluded.
- Locating communities where asylum seekers may live in secondary housing, on the street, or in homeless shelters, as well as those individuals victimized by private commercial helpers (e.g., *notarios* in the United States) and those turned away from free or pro bono legal services.

Assessment at the Personal Level

Assessment at the individual and personal level requires exploring processes of gaining trust, listening to individual stories, practicing cultural humility, and considering language barriers. In addition, the following skill areas are necessary:

- Practicing empathy humbly, knowing that you cannot truly relive the person's experience. Developing good listening skills to create a space in which asylum seekers can feel safe to be silent or talk.
- Case management to meet physical needs of asylum seekers beyond what they receive through government support. This includes searching for alternative shelter, healthcare, and income.
- Strengthening clinical skills to address trauma and loss are as follows:
 - Learning to create bridges between individuals and communities of asylum seekers to counter collective loss and build on community strengths.
 - Trauma-informed direct practice that considers the unique needs of specific groups, such as women, children, LGBTQI+ people, and survivors of violence and torture.
 - Considering processes of identity work, memory, and reliving the past during legal procedures (see Boccagni & Righard, 2020; Graham et al., 2014).
 - Considering unpredictable and protracted timelines of asylum journeys and procedures and how this liminality relates to mental health and well-being (see Baird & Reed, 2015; Gámez et al., 2017).
- Considering impacts of detention, deportation, and denial of protection.
- Using approaches of empowerment and resilience and learning and practicing vicarious resilience (Hernández et al., 2007).

Social workers should also be innovative in their approach to working with asylum seekers. They should continue to research and read emerging literature in the field, stay informed about developments in the field, and join interdisciplinary networks and events. Additional examples include the following:

- Appreciating the political agency and self-advocacy of asylum seekers, supporting grassroots groups and campaigns, and practicing participatory and engaged modalities.
- Building bridges between social workers across borders to coordinate response efforts and create support networks.
- Facilitating asylum seekers' access to colleges and universities and supporting their integration into these environments.

16.7 Conclusion

There is a profound disconnect between asylum seekers and social workers due to multiple factors, including punitive and deterrent “asylum regimes,” neoliberal logics of nation-states that lead to the exclusion of asylum seekers from welfare systems, and issues of temporality and mobility. Formal social work settings themselves can also prevent meaningful engagement between asylum seekers and social workers. Nevertheless, many social workers across specialties encounter people who seek international protection, including asylum seekers. Integrative social work practice with asylum seekers calls for expanded expertise in law and political science; multilevel, multisystemic community practice; public and mental health assessment; and intervention skills (Boccagni & Righard, 2020).

On a macrolevel, through the intentional framing of public debates and political narratives, the United States and European countries deter asylum seekers by keeping them in neighboring countries or peripheral locations, which puts a burden on these locations, or detaining and deporting them. In addition to issues with the definition of a refugee, the fragmentation of international protection into different categories of rights and protection types further confuses individual nations' responsibilities. Furthermore, history has revealed that in times of crisis, such as the COVID-19 pandemic, societies focus on their internal safety, exacerbating populist and nationalistic sentiments, as well as chronic xenophobia and racism. Political rhetoric is often translated into specific laws and regulations. Therefore, the knowledge of ever-changing legal frameworks and asylum policies is essential. In recent years, this has included the Trump administration's policies on work authorization and the “final public charge rule,”¹² as well as the Dublin III controversies and proposals to make the CEAS work.

In direct practice, the fundamental skill of listening to stories of asylum seekers and bearing witness is an intervention in itself. Trauma-informed approaches and

¹²“Public charge” in the US immigration law is described as an immigrant who is likely to extensively rely on public cash assistance or long-term care. Being a “public charge” prevents immigrants from applying for permanent residency. The Trump administration proposed to extend the definition to include the usage of public healthcare (“Medicaid”) and food assistance. This new proposal was vacated by the Biden administration.

understandings of loss and grief in the context of collective trauma and loss are essential, as are resourcefulness and resilience.¹³

Asylum seekers live in a state of uncertainty and constant fear of being sent away to other countries or back to their home countries while they wait to receive a decision on their applications for protection. This process can sometimes take years, forcing them to live in a liminal state that affects their well-being and mental health. The COVID-19 pandemic in 2020 exacerbated both health issues of asylum seekers living in camps, streets, reception centers, detention centers, and other holding facilities and also prolonged waiting times and postponed application processes, leaving even more people in limbo (Mousin, 2021).

By presenting an overview of asylum policies and procedures, identifying common challenges and needs, suggesting best practices and skills, and providing a comprehensive list of references, this chapter aims to encourage social workers to adopt a much wider lens for their transformative and integrative practice.

16.8 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter:

1. Who is an asylum seeker? Consider this question from the perspective of an immigration officer, a local government official, and a social service provider.
2. What are the representations of asylum seekers and refugees in the media and public debates? Critically analyze the current public discourse.
3. What is the international framework that defines asylum procedures in the United States and European countries? What are the differences and commonalities?
4. Consider a specific country. What makes up the “asylum regime” in this country? What historical milestones and recent developments led to the current state of international protection in this country?
5. How would you use an integrative approach to plan for an intervention if an asylum seeker seeks your help?
6. What are the major challenges asylum seekers currently face? Choose a specific country and/or subpopulation of asylum seekers.
7. What services are available to asylum seekers in your country? Consider legal, social, and other support.
8. How do you see social workers’ role in supporting asylum seekers at different levels of practice? Keep in mind the exclusion of asylum seekers from formal systems.

¹³ See more on trauma in Chaps. 12 and 14.

16.9 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives:

1. Multidisciplinary readings from legal sources, clinical literature, policy briefs, and gray literature from think tanks and nonprofits with media and literary work for each class topic. Consider using two or three medium-length texts accompanied by one or two media sources, such as videos, newspapers, magazines, podcasts, stories, and literary works by people from asylum-seeking backgrounds.
2. Guest speakers and panels on refugee law, social services, immigration policy, and other relevant disciplines to learn about the latest developments regarding asylum systems.
3. Guest speakers and trainers with asylum-seeking backgrounds and activists from within communities to learn, work with, and better understand their perspectives on issues and solutions.
4. Screen documentaries to enliven academic and other texts. Notable and relevant documentaries include *Harvest of Empire* (Getzels & López, 2012), *Well-Founded Fear* (Camerini & Robertson, 2000), *Trace* (Bejan & Cocan, 2020), *Border Politics* (Rymer, 2018) and *Migrant Journeys: Why Do They Keep Coming?* (Arijón, 2020).
5. Semester-long projects with a choice of formats that fit students' interests and career goals. Potential projects or ideas could include the following:
 - (a) Creating a hypothetical or actual guide for specific groups of asylum seekers (see the "Watizat" project in France).
 - (b) Small group projects focusing on perspectives of different actors, such as asylum officers, immigration attorneys, and service providers, with a final combined project.
 - (c) Designing and conducting a structured and specific public awareness campaign.
 - (d) Leading a volunteer project for a group or a nonprofit organization.
 - (e) An in-depth analysis and critique of an aspect of practice or a case study.

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Chapter 17

Migration of LGBTQI+ People: Sexual and/or Gender Minority Migrants, Refugees, and Asylum-Seekers



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17.1 Introduction

Informed by colonial legacies and contemporary geopolitical instabilities (i.e., dictatorship, organized and political violence, resource extraction, climate disasters, etc.), the violence and persecution faced by people with nonnormative sexualities and genders (Abu-Assab et al., 2017) have resulted in the forced migration of lesbian, gay, bisexual, trans, queer, and intersex (LGBTQI+) people, particularly from the Global South to the Global North (Lee et al., 2020). Over the past quarter century, there has been increased social and legal recognition of the realities of sexual and gender minority (SGM) migrants. Although this chapter focuses on LGBTQI+ asylum-seekers and refugees, it also makes links between these statuses and other types of precarious status, such as temporary workers, international students, and undocumented persons (Golding & Landolt, 2013). Indeed, LGBTQI+ migrants with precarious status often shift between temporary statuses, especially since inland refugee claims are submitted at the border, or post-arrival to a host country with a different temporary status (Lee, 2019).

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As is evidenced in this introduction, the use of multiple terminologies to describe sexual and gender diversity can be challenging. Although the sexual and gender identity terms “LGBTQI+” are more commonplace in anglophone majority countries in the Global North, they have been critiqued as centering white-dominant identity formations within Western contexts, thus erasing Indigenous forms of sexual and gender expression that are often tied to social roles and ways of being instead of solely on identity (Lee et al., 2020). To shift away from sexual and gender identity formulations, “SGM” is a term used to describe people who hold a minority status related to their sexuality and/or gender. Another term, “nonnormative sexualities and genders,” is also used to highlight how the promotion of sexual and gender norms results in the surveillance and control of the bodies and behaviors of people who do not adhere to these dominant norms (Abu-Assab et al., 2017). In order to take into account these complexities, all of these terms will be used for this chapter.

The terms “queer” and “trans” are often not only used as umbrella identity-based terms but are also associated with queer studies and trans studies, which deploys critical theorizing related to sexual and gender norms, expressions, and practices (Cohen, 2005; Lee & Brotman, 2015; Namaste, 2000), through a critique of heteronormativity and cisnormativity, which are defined in Table 17.1. Thus, this chapter draws from queer- and transmigration studies (Luibheid & Chavez, 2020) in order to interrogate how heterocisnormative logics are imbued within immigration and refugee law and the production of migrant status “in ways that continually reconstruct heterosexualized, gendered, racialized, cultural and imperial hierarchies” (Luibheid, 2008, p. 309).

Table 17.1 Key definitions

<i>Cis/cisgender</i>	The terms cis or cisgender are used for people whose gender identity has always been concordant with their gender assigned at birth (Serano, 2007)
<i>Cisnormativity</i>	Cisnormativity describes social norms, institutions, and practices that presume that everyone is always and only cis, thus erasing trans people and normalizing the gender binary (Bauer et al., 2009; Lee, 2018; Serano, 2007)
<i>Heteronormativity</i>	Heteronormativity describes the social norms, institutions, and practices that presume that everyone is heterosexual and that a monogamous heterosexual relationship between a cis man and cis woman is the only “natural” relationship (Cohen, 1997; Lee, 2018)
<i>Heterocisnormativity</i>	The term heterocisnormativity describes structures and circumstances when heteronormative and cisnormative processes are interconnected (Lee, 2018)

17.2 Overview of Emergence of Legal Recognition of SOGIE-Based Persecution

SGM migrant realities are complex, due to exposure to multiple overlapping forms of violence. SGM migrants are often forced to leave their country of origin due to heteronormative and/or cisnormative violence perpetrated by one's family of origin, broader community, or the state (Abu-Assab et al., 2017; TGEU, 2014), overlapping with other forms of social and political violence. According to the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA World), 67 countries explicitly criminalize consensual same-gender conduct, and two states employ de facto criminalization (Mendos et al., 2020, p. 25). Among these states, the death penalty is legally prescribed for consensual same-gender sexual acts in six countries (Mendos et al., 2020, p. 25).

Such legislation criminalizing same-gender relationships can be traced back to colonial rule. From 1860 onward, the French and British empires spread a specific set of legal codes and common law throughout their colonies that criminalized same-gender sexual relations between two men, as well as nonnormative gender expressions (Gupta, 2008; Lee, 2018). These laws did not originate from Indigenous legal codes and ways of being. Instead, they were conceived and imposed precisely because colonized areas were considered havens for so-called unnatural behaviors, which the colonial regime wanted to control, contain, and remove (H.E.M., 2012; Hinchy, 2019). In fact, same-gender sexuality and gender diversity have existed and been honored across many societies in the Global South. As colonial regimes marked nonnormative genders and sexualities as "deviant," "carnal knowledge," and against the natural order, repression and control over sexuality and gender became ingrained into law and culture and continue into present day (Jjuuko & Tabengwa, 2018).

As a result, SGM living in the Global South is vulnerable to varying degrees of homophobic and/or transphobic stigma, discrimination, and violence. This violence can be state sanctioned, for example, through the police, who in some countries exploit LGBTQI+ people's fears of being outed to blackmail and extort them (Hamila & Labelle, 2019). This persecution by public authorities and a lack of protection of SGMs (sexual and gender minorities) creates a climate that permits hostile speech and actions in many spheres of society (Awondo et al., 2012; Currier, 2014). Trans women especially are disproportionately at risk of interpersonal and state violence (Itaborahy, 2014; OutRight Action International, 2016).

Moreover, a complex set of historical, political, social, economic, and transnational conditions shape the forced migrations of SGMs to the Global North (Abu-Assab et al., 2017; Awondo, 2010; Awondo et al., 2012; Dutta & Roy, 2014; Ekine, 2013; Lee et al., 2020; Zea et al., 2013). Studies suggest a country's political climate, especially with respect to high levels of civil unrest, organized violence (militia), generalized violence (gangs), gendered violence (sexual assault, rape, etc.), poverty, and religious extremism shape the ways in which LGBTQI+ people are exposed to homophobic and transphobic violence (Chhoeurng et al., 2016; Lee

et al., 2020). Even in states with SOGIE legal protections, LGBTQI+ people, especially those who are poor, cis and trans women, HIV positive, and disabled, are vulnerable to discrimination and violence (Pieterse, 2015; Regmi & Teijlingen, 2015; Salley, 2013). At the same time, SGM people living in the Global South, including those who migrate to the Global North, continue to survive and resist violence (Lee, 2019; Tourki et al., 2018). These pre-migration realities impact not only the decision to migrate to the Global North (Palazzolo et al., 2016) but also post-migration experiences, in particular for LGBTQI+ refugee claimants.

In 1991, Canada became one of the first countries to grant refugee status on the basis of sexual orientation (Jordan & Morrissey, 2013; LaViolette, 2013). The Supreme Court of Canada made a seminal decision in 1993 (Canada [A.G.] v. Ward) to explicitly include sexual orientation as a basis for refugee protection within the “social group” category, eventually including gender identity and expression (LaViolette, 2013). Around the same period, sexual orientation (and eventually gender identity and expression) gained legal recognition as a protected category within refugee law in other countries, such as the Matter of Acosta (the United States), GJ case (New Zealand), and Applicant A. and Another v. Minister for Immigration and Ethnic Affairs and Another (Australia, McGhee, 2001).

These developments in jurisprudence opened the way for the United Nations High Commissioner for Refugees (UNHCR) to recognize SOGIE-based persecutions. SOGIE asylum-seekers were first discussed during the UNHCR Global Consultations on International Protection (conducted in 2000 and 2002). This resulted in the publication of the Gender-Related Persecution Guidelines and the Membership of a Particular Social Group Guidelines, providing explicit recognition of SOGIE-based persecutions as grounds to grant refugee status (Hamila, 2021b).

Beyond UNHCR guidelines, several developments at the international level have led to the recognition of SOGIE-based persecution as grounds for granting refugee status as a fundamental principle of human rights (O’Flaherty & Fisher, 2008). These include the Yogyakarta Principles, of which the 23rd principle states that “everyone has the right to seek and enjoy in other countries asylum from persecution, including persecution related to sexual orientation or gender identity” (ORAM, 2010, p. 14). Soon after the release of the Yogyakarta Principles, UNHCR issued its first guidance note on SOGIE-based refugee claims (LaViolette, 2010). This note extends the UNHCR Guidelines issued in 2002 and draws heavily on the Yogyakarta Principles. Since then, a number of other countries have explicitly recognized SOGIE-based persecution as grounds for granting refugee status, particularly in Europe (Hamila, 2020). Currently, nearly 30 countries recognize these grounds. Please see Chap. 16 of this book for a more detailed overview of the asylum process in the United States and European Union. It should be noted, however, that the current UNHCR framework and implementation of LGBTQI+ refugee protection in the Global South may leave a number of refugees unsafe (Pincock, 2020). Indeed, most research into LGBTQI+ resettlement has focused on migration to the West, with few studies investigating the SGM experience at seeking asylum in the Global South. Scholars and activists have called for a more contextualized approach to humanitarian governance so as to afford a better protection of LGBTQI+ refugees

and asylum-seekers in the Global South, one that takes into account governmental, cultural, geographical, and historical realities that impinge upon resettlement capacities and safety (Pincock, 2020; LaViolette, 2010).

17.3 Overview of Post-migration Policy Challenges and Structural Barriers

On an international scale, national migrant visa systems in the Global North are one policy concern that impacts SGM migrants, limiting entry of forced migrants and resulting in a disproportionate burden on countries in the Global South to provide support for these populations (Lee, 2019; Morales, 2013). For example, Canadian visa restrictions and the Canada–United States “Safe Third Country Agreement”¹ prevent the vast majority of migrants, including LGBTQI+ migrants from the Global South, from accessing Canada’s inland refugee claim process² (Lee, 2018).

In addition, further coordination between the UNHCR and various national governments is required in order to develop policies and protective measures for SGM people who are either living in refugee camps or recognized as refugees in a transit country in the Global South prior to resettlement in a country in the Global North (Abdi, 2011; Grungras et al., 2009; Lee et al., 2020; ORAM, 2013). Despite UNHCR recognition, SGM migrants in these contexts will continue to face state and community violence and ultimately premature death without pathways to durable solutions, which include greater commitments by countries in the Global North to increase opportunities for refugee resettlement (Portman & Weyl, 2013).

LGBTQI+ asylum-seekers encounter a number of challenges during the refugee claim process. Pre-migration experiences (or fear) of violence and resulting trauma certainly impact SGM asylum-seekers as they navigate the refugee claim process (Jordan, 2009, 2010; Shidlo & Ahola, 2013). For example, asylum-seekers are expected to present evidence not only of the persecution they faced but also of their identity as an LGBTQI+ person (LaViolette, 2009). Many people are not able to be open about their SOGIE in their home countries and thus cannot provide evidential records of their relationships (Lee & Brotman, 2011). The processing of SOGIE-based refugee claims has also been informed by sexual, gender, and racial stereotypes (Bennett & Thomas, 2013; LaViolette, 2009; Rehaag, 2008; Epstein & Carillo, 2014). In some cases, trans asylum-seekers are misevaluated by decision-makers as sexual orientation-based refugee claims (Berg & Millbank, 2013).

¹Under the Safe Third Country Agreement between Canada and the United States, refugee claimants are required to request refugee protection in the first country they arrive in, unless they qualify for an exception to the agreement.

²In order to access the inland refugee claim process in Canada, migrants must make a request to file a refugee claim at the border (i.e., Canada–US border), at the airport upon arrival to Canada, or after crossing the border at a refugee claim office.

In order to assess the credibility of claimants' stories, protection officers currently employ three strategies for translating persecution into legal-administrative terms (Hamila, 2021a). A first strategy, based on a medicalized conception of sexual orientation, the so-called medical examinations (i.e., psychological examinations, etc.), may be used to establish a person's membership in the LGBTQI+ community. A second strategy, based on a subjective conception of "homosexuality," is conducting interrogations that often include sexually explicit, homophobic, or stereotypical questions to determine the applicant's sexual orientation. These strategies are invasive and highly problematic, as they are informed by the social and cultural worldview of the decision-maker instead of the refugee claimant, thus reproducing white and Western norms of understanding sexuality and gender (Jenicek et al., 2009; Lee & Brotman, 2011; Murray, 2015). A third strategy, qualified as "good practice" by LGBTQI+ NGOs, is based on a self-declared conception of SOGIE and consists of using the self-identification of the applicant (Hamila, 2021a).

Overall, there remains a disparity in the ways that SOGIE-based refugee claims are adjudicated across the Global North (Lee et al., 2020). An SGM asylum-seeker's chances in being recognized as a refugee are thus determined by their access to a particular state's refugee determination system, often after being refused entry into a certain number of countries. Therefore, countries need to improve their legal systems in order to ensure that SOGIE-based discriminatory practices are removed and add explicit measures that attend to specific challenges and barriers facing LGBTQI+ migrants. For example, in May 2017, the Immigration and Refugee Board (IRB) of Canada released a new set of guidelines for the adjudication of SOGIE-based cases. These guidelines include the use of an intersectional lens, appropriate language, protection of sensitive information, avoidance of stereotyping, and guidance on appropriate evidence (Lee et al., 2020).

Beyond the regulation of one's migration status, SGM migrants face challenges in navigating structural barriers to health care, housing, education, and employment (El-Hage & Lee, 2016). Factors such as immigration status, being racialized, and language proficiency, in conjunction with sexual orientation and/or gender identity, result in new, deepened, and complex barriers (Munro et al., 2013; Serrano, 2013). Some barriers are subtle; for example, LGBTQI+ newcomers often lack access to sexual health services and, as a result, have reduced access to sexual health information and practices (O'Neill & Kia, 2012). A main challenge is managing the tension between assertiveness and management of one's SOGIE in light of external forces (community members, service providers, society at large, etc.). While some people want to publicly affirm their SOGIE (El-Hage & Lee, 2016; Serrano, 2013), others do not want to use Western labels, such as LGBTQI+ (O'Neill & Kia, 2012), or do not feel the need to publicly "come out" as LGBTQI+ (Chbat, 2011; Roy, 2013).

Social workers can certainly contribute to policy changes that will improve the life chances and living conditions of SGM migrants. Social workers can be part of building power, shifting conversations, and enacting policy change from within and outside of government bodies and public institutions. This can include being involved in broader migrant and racial justice movements through community organizing, protests, and civil disobedience. Policy advocacy can also be advanced

through dialogue with policy makers and government decision-makers. Also, direct practice and policy advocacy can go hand in hand, for example, when supporting LGBTQI+ migrants to challenge discriminatory laws and policies, on individual or collective levels (Heller, 2009).

Transmigrant Policy Advocacy in Canada: Justice for Transmigrants (2010–2021)

Although other Canadian provinces allowed transmigrants with permanent residency to change their gender marker and name, in Québec this was not possible for transmigrants until gaining citizenship (Tourki et al., 2018). Various initiatives were facilitated with aims to change this policy, including workshops and actions led by transmigrants themselves, a political campaign launched in 2016 by LGBTQI+ migrant and trans health groups (i.e., Justice for Trans Migrants campaign³), and a court case led by a gender advocacy center and a legal advocacy group.⁴ As a result, in March 2021 the superior court of Quebec declared citizenship restrictions on gender marker and name changes to be a violation of the rights of transmigrants, obligating the government to allow transmigrants to change their gender markers and names.

Social workers can also contribute to government action plans (related to immigration, sexuality and gender, health care, mental health services, employment, education, etc.) and advocate for participation of SGM migrants in decision-making processes around allocation of funding and resources. The lack of inclusion of the needs and realities of SGM migrants in these action plans results in a lack of funding to carry out the following:

1. Challenge heteronormative and cisnormative service delivery within the settlement sector.
2. Foster migrant-inclusive and anti-racist practices within queer and trans-specific services.
3. Foster intersectoral collaborations among settlement, health, youth, and queer and trans-specific services.
4. Facilitate SGM migrant-specific initiatives.

On a global scale, the arrival of COVID-19 has had devastating effects on all migrants, including SGM migrants, as public health efforts to stop the transmission of COVID-19 have resulted in further border restrictions, regressions in national immigration and refugee laws, and further surveillance and control of migrants with

³For more information about the Justice for Trans Migrations campaign, please see <https://www.agirmontreal.org/en/tmc-press-release>

⁴For more information about the court case, please see <https://genderadvocacy.org/trial-updates/>

precarious status. Social workers should thus also be attentive to how COVID-19 has fundamentally changed the ways various international and national policies continue to operate and their impacts on LGBTQI+ migrants.

17.4 Overview of Best Practices with LGBTQI+ Migrants

The literature on practice with LGBTQI+ migrants generally proposes clinical frameworks for working with LGBTQI+ migrants (Alessi & Kahn, 2017; Beaudry, 2018; Logie et al., 2016) and discusses the use of anti-oppressive practice (El-Hage & Lee, 2016; Heller, 2009; Lee & Brotman, 2013; Yee et al., 2014). Clinical frameworks focus on individual- or group-based mental health interventions that include and integrate understandings of trauma-informed care, minority stress, post-traumatic stress disorder, individual resilience, and strength-based approach (Alessi & Kahn, 2017; Beaudry, 2018; Logie et al., 2016). Minority stress can be defined as the effects of prejudice, discrimination, and violence against an individual based on their affiliation with a social group (i.e., sexual and/or gender minority, etc.), on psychological stress, and on the negative influence on one's health and well-being this causes (Cerezo, 2016; Meyer, 1995; Moritsugu & Sue, 1983). These frameworks recognize and treat the impact of interpersonal and state violence, in both pre- and post-migration contexts, that often results in trauma and decreases the daily functioning of LGBTQI+ asylum-seekers and refugees.

In contrast, anti-oppressive frameworks prioritize improving the material life conditions of SGM migrants, by fostering empowerment, naming and modifying structural barriers, and addressing oppressive social conditions (El-Hage & Lee, 2016; Lee & Brotman, 2013; Yee et al., 2014). As such, intersectional structural barriers need to be considered in intervention models for LGBTQI+ migrants as “the implementation of certain services needs to be improved, especially when it comes to specialized accompaniment and psychosocial support services” (El-Hage & Lee, 2016, p. 25). Originating in Black and women of color feminism, intersectionality considers how race, sex, gender, class, ability, status, and other social categories operate together to create entirely new forms of violence and marginalization, especially for multiply oppressed people (Collins & Bilge, 2016; Crenshaw, 1990; Lee & Brotman, 2013). Instead of seeking to help someone to adapt to their environment, anti-oppressive practice seeks to change structures, institutions, and practices, while also fostering collective forms of empowerment.

Both clinical and anti-oppressive frameworks promote reflexive practice for practitioners to gain awareness in how their social location and worker role shape how they build trusting relationships with LGBTQI+ migrants (Alessi & Kahn, 2017; George, 2012; Lee & Brotman, 2013). Critical self-reflection requires the ability to gauge how one's worldview and/or social privileges can result in certain biases or prejudices that can negatively impact the relationship-building process and service delivery. It is necessary for practitioners to engage in deep and active listening, be attentive to immediate needs, and be aware of how structural barriers may

shape access to care (Alessi & Kahn, 2017; Lee & Brotman, 2013). More broadly, these frameworks also recognize the need for services to be adapted in order to be responsive to intersecting racial, cultural, sexual, and gender diversity and needs within SGM migrant communities.

However, relevant frameworks that are not yet included in this literature include cultural humility and trans-affirmative frameworks. Cultural humility models include critical self-reflection to identify biases and assumptions, moving away from rigid/hierarchical notions of culture, recognizing that people are experts of their own experiences and cultural realities, and promoting a collaborative helping relationship (Ortega & Faller, 2011; Tervalon & Murray-Garcia, 1998). Trans-affirmative models include recognition of the following:

1. The role of transphobia and cisnormativity in society and within health-care contexts.
2. The de-pathologization of trans identities, which would eliminate barriers for trans people to access health care and social services.
3. Transphobic behaviors from health-care providers, such as misgendering and using people's names assigned at birth or deadnames.⁵
4. Being knowledgeable about gender identity and expression.
5. Health-care worker competency in using gender-affirming medical protocols (i.e., hormone replacement therapy, gender confirmation surgery, etc.)
6. Attending to psychosocial and mental health needs of trans people seeking trans-specific or general health care (Faddoul, 2019; MacKinnon et al., 2020; Reed, 2021).

Drawing from these frameworks may be complementary to reflexive and anti-oppressive approaches with LGBTQI+ migrants that have been favored in the literature.

To engage in practice with LGBTQI+ migrants, especially asylum-seekers, social workers need to be knowledgeable not only of local, regional, and national laws and policies but also of the laws, policies, and social conditions of SGM in their countries of origin. This knowledge is helpful in contextualizing SGM migrant realities, assessing the degree to which their pre-migration experiences are impacting their post-migration lives, and assisting LGBTQI+ asylum-seekers in preparing for refugee status determination hearings. Generally speaking, some of the services that social workers can provide include the following: psychotherapy; housing and employment referrals; psychoeducation; sharing information about immigration and refugee processes; assisting in accessing health care; social services and social assistance; accompanying people to, and/or testifying at, asylum hearings; and providing psychosocial evaluations. The service delivery process must attend to psychosocial and mental health impacts of pre- or post-migration violence and trauma,

⁵Please note that trans people use different terms to describe their name assigned at birth, such as "deadname," legal name, etc.

as well as to the psychic toll of the refugee process (Jordan, 2009, 2010; Shidlo & Ahola, 2013).

In order to apply a trans-affirmative approach with transmigrants, social workers must be attentive to the ways in which access to gender-affirming medical and health care is impacted by transphobia and cisnormative institutions and service delivery, immigration and refugee law and migrant status, and broader forms of xenophobia and racism (Tourki et al., 2018). Trans-affirmative care thus applies an intersectional approach that recognizes how other social categories (i.e., race, class, sexuality, ability status, etc.) shape trans people's access to care. It also emphasizes the fundamental importance of listening and respecting trans people and their self-determination (Faddoul, 2019; Lacombe-Duncan et al., 2020; MacKinnon et al., 2020; Medico & Pullen-Sansfaçon, 2017).

In recognition of the ways that SGM migrants are particularly susceptible to social isolation, relational approaches are also favored (Beaudry, 2018; Lee & Brotman, 2013). In addition to group intervention (Beaudry, 2018), peer support and intervention models (Fuentes-Bernal et al., 2021) provide innovations in fostering collective care. Through group work, LGBTQI+ migrants can build informal networks of support and "chosen families" (Beaudry, 2018). Engaging in arts and media-making projects and activities can foster community building and broader social movement building as well (Lee & Brotman, 2013; Lee & Miller, 2014; Lee et al., 2020). Generally speaking, the best practices explored in this section derive mostly from regions in the Global North. These practices would certainly need to be adapted if they were to be applied within low-resource societies, particularly transit countries situated in the Global South.

As discussed previously, the ways in which SGM people living across the Global South are exposed to homophobic and transphobic violence are shaped by broader geopolitical and economic forces, multiple types of violence (i.e., gendered, organized, etc.), and colonial heritages (Awondo et al., 2012; Dutta & Roy, 2014; Ekine, 2013; Lee et al., 2020). Practice with LGBTQI+ migrants situated in the Global South (those who migrate between two Global South countries) thus requires strategies that attend to these broader and overlapping social forces. At the same time, practice strategies must also be attentive to particular local conditions that shape the life chances afforded to migrants and, particularly, refugees with nonnormative sexualities and genders.

Certainly, there are many LGBTQI+ human rights groups and activists across the Global South who are defending the rights of SGMs in their region (Lee et al., 2020; ORAM, 2013). These groups and activists must be supported and can be sources of support for LGBTQI+ refugees (ORAM, 2013). However, some scholars have also cautioned that more visibility related to LGBTQI+ human rights does not neatly result in more safety and rights for queer and trans people in a particular region (Abu-Assab et al., 2017; H.E.M., 2006). A key strategy to improve the rights and living conditions of sexual and gender minorities in the Global South is advocating for strengthened privacy laws (H.E.M., 2006). Enhanced privacy laws in

combination with strengthened rights and supports for migrants, and especially those with refugee experiences, may result in a decrease of state surveillance and community targeting and violence against migrants with nonnormative sexualities and genders.

Social work practice with refugees with nonnormative sexualities and genders may need to mobilize more covert and informal support and advocacy strategies, instead of focusing solely on a SOGIE rights framework (Abu-Assab et al., 2017). Instead, social workers should reflect upon how to foster dialogue and create safety for people with nonnormative sexualities and genders through broader coalition building of groups and organizations fostering sexual health initiatives and women's access to education and working to improve the living conditions of various oppressed groups, such as people living with HIV, sex workers, refugee groups, etc. (Abu-Assab et al., 2017). Although some international NGOs may be inclusive of sexual and gender diversity, it is important to be careful of those run by Christian organizations located in Canada or the United States who explicitly declare LGBTQI+ identity as sinful and perverse (Kaoma, 2012). The UNHCR across various countries in the Global South has also explicitly identified the importance of providing protections for LGBTQI+ refugees, asylum-seekers, and stateless and internally displaced people.⁶ Indeed, in some regions, the UNHCR is strongly encouraged to prioritize LGBTQI+ refugee claims and refugee resettlement (ORAM, 2013). Social workers can collaborate closely with the UNHCR in order to link SGM migrants into UNHCR refugee processes. Drawing from recommendations from the Organization for Refuge, Asylum and Migration (ORAM, 2013), social workers can develop the following practice strategies:

- Develop deep knowledge of local conditions for people with nonnormative sexualities and genders and also conditions that shape SGM migrant realities.
- Develop micro-practice strategies to subtly demonstrate or self-identify as welcoming to people with nonnormative sexualities and genders. For example, finding ways to talk about LGBTQI+ rights without explicitly using the terms lesbian, gay, trans, etc. or using imagery, flags, pins, or other indicators to signal an office or workplace is safe or friendly toward LGBTQI+ people.
- Build long-term, meaningful, and thoughtful relationships with local LGBTQI+ rights groups.
- Build ongoing working and informal relationships with LGBTQI+-friendly workers across various sectors, in order to foster a carefully established network of LGBTQI+-friendly service providers and increase access of SGM migrants to these services.
- Carefully build advocacy initiatives through coalition building across groups and organizations, in ways that consider both overt LGBTQI+ rights activism and more subtle forms of advocacy.

⁶For more information about how the UNHCR supports LGBTI people, please see <https://www.unhcr.org/lgbti-persons.html>

17.5 Extended Case Study: Clinic Mauve

This extended case study provides an in-depth example of an innovative LGBTQI+ migrant health clinic. Situated in Montreal (Québec, Canada), Clinic Mauve delivers integrated services to SGM migrants, providing medical, psychosocial, mental, and sexual health care, as well as an outreach program to share COVID-19-related information. The clinic mobilizes empowerment; harm reduction; intercultural, intersectional, interdisciplinary, anti-oppressive, trans-affirmative, and trauma-informed services; and center-informed consent. Social workers are key care providers at Clinic Mauve, providing psychosocial assessment and individual support, especially for those in crisis situations and/or requiring suicide risk assessments. Social workers also take on the role of “interconnectors” between clients and other health-care providers. The clinic’s care structure is inspired by La Maison Bleue (Aubé et al., 2019), a community center and perinatal clinic that provides integrated medical and psychosocial care to mothers and families. It also draws from peer navigation, a type of peer-based intervention that aims to reduce structural barriers to accessing health care and social services (Shah et al., 2019).

Although the role of medical staff, including family doctors and nurses, is an essential part of integrated services provided at Clinic Mauve, this case study explores the provision of psychosocial and mental health care. The clinic collaborates closely with AGIR, a community organization formed by and for queer and transmigrants, which has been its primary referral source. As a first step, service users meet with a social worker and, in some circumstances, a peer navigator. The social worker is responsible for an initial assessment, which includes assessing for psychosocial needs, medical needs, and clinic capacity. The peer navigator (an LGBTQI+ migrant) can be present to accompany the service user to meeting spaces, reduce institutional stigma at times associated with being in a medical setting, and help with translation, as needed. As a team, the social worker and peer navigator explain to the service user how to access clinic services and how to navigate health care more generally, thus allowing the service user to make informed decisions related to their care. The clinic prioritizes access for specific individuals: those with precarious migrant status, such as asylum-seekers and undocumented people, those with complex physical/mental health needs, those in crisis and/or at medium or high risk of suicide, those with language barriers, and transmigrants seeking gender-affirming medical care.

The SGM migrants that have accessed Clinic Mauve report having experienced violence and trauma, including attempted murder, sexual abuse, witnessing murder, torture, suicide, family rejection, social exclusion, political violence, and SOGIE-based oppression. Due to a complex history of environmental and political stressors leading to their migration, LGBTQI+ migrants have faced many losses throughout their journey, which in turn lead to a sense of isolation. Although some clients described feeling more secure after migrating, they continue to encounter discrimination, violence, and isolation in Canada, sometimes provoking anxiety and re-traumatization. Such challenges can also further exacerbate complex trauma. The ensuing distress experienced by LGBTQI+ migrants is often expressed as grief,

depression, gender dysphoria, sexual and relational difficulties, lack of self-esteem, self-harm, and suicidal ideations. Since the arrival of COVID-19 and the imposition of strict public health measures, the number of service users experiencing crisis, extreme social isolation, and medium to high risk of suicide continues to intensify. Despite these challenges, service users have also demonstrated their creativity and capacity to survive and resist against multiple forms of violence and trauma.

The overlapping histories of pathologizing race, ethnicity, sexuality, and gender intersect. Thus, the biomedical model of mental health conceptualizes illness in ways that create multiple barriers for LGBTQI+ migrants to access care (Lee & Brotman, 2015). Integrated care offers a web of support and a safer environment, which in turn makes the role of each health-care provider clear and coordinated. This model recognizes the incredible resiliency of queer and transmigrants and aims to remove barriers and facilitate access to services and supports based on needs expressed by service users. Indeed, solidarity in health care is needed to provide a holistic understanding of individuals and to limit the impact of systemic and structural violence.

Post-assessment, clients at Clinic Mauve are referred to members of an interdisciplinary team: peer navigators, family doctors, nurse practitioners, psychologists, and mental health workers. Social workers may also refer clients to both public and community services outside of the clinic. The peer navigator can, for example, accompany service users to appointments related to housing, employment, and medical needs (i.e., dentistry) outside of the clinic. The role of psychologists and mental health workers (some of whom are registered social workers) is to provide psychotherapy and other mental health tools and supports in ways that are responsive to service users' cultural and political realities. The psychologist, for example, applies cultural safety and affirmative (O'Shaughnessy & Speir, 2018) and transcultural approaches (Kirmayer et al., 2014) in order to empower individuals and pay careful attention to their unique developmental and symbolic experiences. Trauma-informed practices (Herman, 2015) are also used, as most users have and continue to experience various degrees of violence and discrimination. More precisely, the use of intersubjective psychodynamic therapy (Orange et al., 2015), as well as Guattarian analytical therapy (Guattari, 2015), has been found to be a useful support for service provision beyond normative therapeutic dogmas.

So, what might the integrated services of the clinic look like for a queer migrant who only speaks Arabic, with complex mental health needs (i.e., suicidal ideation), relational challenges (i.e., extreme social isolation), and physical symptoms (i.e., loss of appetite/sleep deprivation)? With the support of an Arabic-speaking peer navigator, this person would be assessed by a social worker (in person, via telephone, or online) and referred to a doctor and a psychologist for their physical symptoms and mental health distress. The social worker would collaborate with the psychologist to conduct a suicide risk assessment and ensure that other psychosocial needs are addressed, and the psychologist would deliver weekly psychotherapy sessions. During these sessions, the peer navigator and/or a professional translator would be present to provide language support. If other needs are identified, such as a housing issue, the peer navigator can also meet with the service user outside of the clinic.

Clinic Mauve's team members meet weekly to discuss situations with service users, coordinate services, provide clinical support, and share resources. The clinical team is also regularly consulted by the outreach team to ensure that the programming and materials being developed reflect the needs and realities of the LGBTQI+ migrants being served by the clinic. Currently, outreach team members include peer navigators, an outreach program coordinator, and social work graduate students, some of whom are part of the LGBTQI+ migrant and/or racialized community. This has provided key learning opportunities for graduate-level social work students to develop practice skills and critically reflect upon the leading role that social work can play in innovating health systems. Given its emergence within the COVID-19 context, the purpose of the outreach program continues to shift over time.

One challenge that has emerged is providing services to SGM migrants who are at medium to high risk of suicide, especially given that the mobilization of a safety net is almost impossible if they do not have an intimate partner, their family of origin, parents, or friends living in their new community. Referrals to crisis intervention services, such as suicide help lines and crisis centers, are often not adapted to the needs and realities of LGBTQI+ migrants (i.e., due to language barriers, racism, xenophobia, heteronormativity, cisnormativity, etc.). Furthermore, undocumented LGBTQI+ migrants cannot avail themselves of emergency and/or psychiatric services, as they do not have insurance coverage lest they receive a steep health-care bill, which they cannot afford. Another compounding challenge is that LGBTQI+ migrants and asylum-seekers are typically afraid of and avoid seeking institutional services for fear of reporting to local authorities and possible deportation. To address this complex reality, Clinic Mauve is currently developing a community-based approach for crisis intervention in partnership with AGIR, interpretation services, and crisis phone lines, including various LGBTQI+ and immigrant/refugee community organizations. For example, the clinic is developing an initiative that will allow Spanish- and Arabic-speaking service users to access an LGBTQI+ telephone crisis line outside of clinic work hours. The clinic's outreach program is also developing mental health self-care programming, including tools and workshops, to aid service users to strengthen their own tools and strategies for well-being.

The complex needs of service users within an already under-resourced public health-care system stretched to its limit with COVID-19 have had a heavy toll on clinic psychosocial and mental health workers. Workers also navigate an institutional setting that, despite trainings offered, continues to perpetuate institutional and interpersonal forms of racism, heterocisnormativity, and other forms of discrimination. Clinical supervision is offered as a strategy to provide further support and counter worker burnout. The aims of clinical supervision are multifold and can be briefly summarized as the enhancement of supervisee competence to ensure quality of care and protection of service users. The American Psychological Association (APA, 2014) offers a model for supervision organized around seven domains: supervisor competence, diversity, supervisory relationship, professionalism, assessment/evaluation/feedback, professional competence, and ethical considerations. Best practices include using a strength-based approach and the delineation of supervisees' needs

and goals, including training, workshops, guidance, educational tools, follow-up on clients' needs and progress, and containment and emotional support.

The clinic has found a combination of group and individual supervision to be favorable. Individual supervision serves as an opportunity for team members to share experiences of countertransference that are less readily shared in a group context, such as personal experiences that may impact their work. Indeed, members of the clinical team may have life experiences or trajectories that resemble those of service users, for example, being part of the queer and trans community, having a refugee or migration experience, having faced pre- and post-migration discrimination, or transitioning. Education and continued guidance with respect to boundary setting improve supervisee feelings of competence and safety in performing their work (Pope & Keith-Spiegel, 2008). Individual supervision can also serve as an opportunity to discuss progress with regard to the acquisition of skills, as well as bidirectional feedback. Group supervision allows for discussion on how to adapt service delivery, further coordinate services, and integrate training on minority experiences in navigating institutions/health-care systems (Kirmayer et al., 2020) and systemic/structural violence. It also creates space for conversations on cultural humility and safety (Papps & Ramsden, 1996). The dialogue is ongoing and aligned with participatory pedagogical methodologies that emulate the philosophy and social change that the team strives to achieve (Freire, 1970).

17.6 Conclusion

This chapter begins with a brief overview of the historical and social construction of sexuality and gender in the Global South and maps the emergence of legal recognition of SOGIE-based persecution. In addition to a summary of post-migration policy challenges, including structural barriers experienced by SGM migrants, this chapter also presents a synthesis of the literature related to best practices with queer and transmigrants and shares an in-depth case study of an LGBTQI+ migrant health clinic. The role of the social worker within an interdisciplinary health setting is explored, as well as the relevance of including directly impacted people within an integrated service delivery model.

Certainly, LGBTQI+ migrants encounter many challenges in navigating migration and refugee processes, as well as a variety of intersecting structural barriers to accessing housing, employment, education, and health and social services. However, SGM migrants are also resourceful and resilient, both in navigating complex immigration and refugee processes on an individual level and through community building and advocacy campaigns on a collective level, such as the Justice for Trans Migrants campaign. Thus, the role of the social worker in working with LGBTQI+ migrants can be manifold. At times, social workers can provide psychosocial support, such as accompanying SGM migrants in navigating the asylum-seeking process or addressing various structural barriers. In other circumstances, social workers can be engaged in policy advocacy and community-organizing initiatives with queer

and transmigrants to build collective power, with aims of challenging and changing oppressive laws and policies. Sometimes, social workers can provide clinical services, such as offering mental health supports and building pathways for healing or simply bearing witness to multiple discriminations, pain, anguish, and triumphs that LGBTQI+ migrants encounter in their everyday lives.

As demonstrated throughout the case study, social workers can also collaborate with other health-care workers in order to provide integrated health care. Within this context, social workers can play a leadership role in intake processes, ensuring coordination between services and health-care workers, as well as fostering continuity of care. Within this context, people who are directly impacted also have an important role to play in service delivery. Social workers can thus foster and support queer and transmigrants in providing peer-based care. Although beyond the scope of this chapter, it is important to recognize that LGBTQI+ migrants can also become social workers and contribute to shifting and/or challenging mainstream models of service delivery.

This chapter focuses on best practices with LGBTQI+ migrants mostly within contexts in the Global North. It is certainly relevant to critically reflect upon how applicable these best practices might be within other contexts, such as within refugee camps in transit countries or when SGMs migrate between countries within the Global South. Within these contexts, clinical frameworks would most likely be limited, as they rely on individual-oriented and mental health-focused healing, which is simply more difficult to address when material deprivation, malnutrition, and social violence are more immediate and commonplace. Anti-oppressive frameworks seem more relevant within these contexts as they can provide an analytical lens that can clearly identify structural changes required to improve peoples' living conditions. However, these frameworks become limited when the ways to address oppressive social conditions are actually related to geopolitical considerations and political decisions made by policy makers in the Global North. To address these complexities, social workers can engage in transnational and decolonial feminist approaches to social work in order to do the following:

...[situate] oneself and one's relationship to social work; [carry out] critical analysis of how gender and sexuality is mediated by colonial and imperial logics; [challenge] the singular focus on individual and identity-based human rights; [and develop] a deep understanding of the perspectives of directly impacted people through dialogue and ongoing, often long-term, relationship building (Caron & Lee, 2020, p. 82).

17.7 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter:

1. What did you learn about the ways in which sexuality and gender were socially constructed, both within the Global South and within Canada and the United States?

2. What are the international governing bodies and protocols relevant for SOGIE-based rights and refugee claims?
3. How do the national, regional, and local immigration and refugee laws and policies impact SGM migrants in your particular context?
4. How might social workers engage in policy change, advocacy, and awareness raising in support of LGBTQI+ migrants?
5. What kinds of structural barriers might SGM migrants encounter when accessing health and social services?
6. What are the key challenges for social workers when working within an interdisciplinary setting that includes other health-care providers?
7. What are the key challenges for social workers supporting LGBTQI+ migrants within a context of a noninclusive society?
8. Which social work practice strategies seem applicable to social work practice settings that serve SGM migrants in your particular city, region, etc.?
9. How does COVID-19 change the way that health care and social services are delivered to LGBTQI+ migrants? What are the impacts of COVID-19 on social workers in these contexts (i.e., working conditions)?

17.8 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives:

1. Locate well-researched documentaries, radio shows, and podcasts that explore the realities of LGBTQI+ people and migrants within your particular region:
 - Mapping Memories project, <http://www.mappingmemories.ca/queer-eye-newcomer-community-tour/video/queer-eye-behind-scenes.html>
 - The Gospel of Intolerance from the NYT, <https://www.nytimes.com/2013/01/23/opinion/gospel-of-intolerance.html>
 - Welcome to Chechnya, <https://www.hbo.com/documentaries/welcome-to-chechnya>
2. Be wary of the dominant discourse that suggests that Canada and the United States are “safe havens” for LGBTQI+ migrants. This discourse can obscure the ways in which LGBTQI+ people, especially trans people, continue to experience violence and discrimination in Canada and the United States. It also erases structural barriers (due to immigration and refugee policy, institutional policies, etc.) that queer and transmigrants encounter when attempting to access education, employment, health and social services, etc.
3. Consider inviting a social worker and/or community leader who has experience in supporting LGBTQI+ migrants.

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Chapter 18

Social Work with Displaced Children



Sana Al-Hyari and Raghda Butros

18.1 Overview of Sector History, Stakeholders, and Practices

Founded in 1919, Save the Children was one of the first organizations developed to respond to children's needs in the aftermath of World War I (Save the Children, 2020). The establishment of the United Nations (UN) following World War II (WWII) provided a structure to emergency response, which played a large role in recognizing children as a vulnerable group in need of special attention and care. The United Nations Children's Fund (UNICEF) was established in 1946 to provide relief to countries impacted by WWII. The UNICEF focuses on improving children's [health](#), nutrition, [education](#), and [general welfare](#) (UNICEF, 2019b). Children's rights are further outlined in the Convention on the Rights of the Child, which offers protection measures for children impacted by conflict and disasters (UN, 1989).

The Child Protection Minimum Standards (2019) have identified key child protection risks children face during times of emergency, including displacement. Some of these risks are dangers and injuries, physical and emotional maltreatment, sexual and gender-based violence (including child marriage), mental health and psychosocial distress, children associated with armed forces and armed groups, child labor, and unaccompanied and separated children. Risks can also encompass struggles children face in other related sectors, such as access to education and healthcare. The Inter-agency Network for Education in Emergencies (INEE) has emphasized that the rights of children and young people are not suspended during

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an emergency, including their right to quality education that supports their cognitive development and their psychosocial well-being (INEE, 2021).

Challenges that impact entire families, including the ability to provide adequate food and shelter and access to health and other needed services, undoubtedly impact children, and it is important to note that child protection risks are compound and complex. When capacities of families and communities are weakened due to displacement, chances of children facing the abovementioned risks increase. Therefore, it is important to invest in interventions at a microlevel, and to holistically support the affected child. For example, effective case management services during emergencies are essential in maximizing access to other services and enhancing children's well-being. Additionally, strengthening community-based child protection measures enhances prevention and response to key risks impacting children.

Coordinated services within an emergency response and protracted crisis are crucial as coordination supports structure and consistency (IASC, 2012). Coordination of child services, specifically, alleviates confusion for children and caregivers. It also organizes funding streams. Child protection and education working groups are central in the effort to identify and address protection and service provision. These services also strengthen the resilience of children and families.

In the Arab Levant, a region that has been severely and repeatedly impacted by man-made disasters and protracted crises, emergency response is influenced by local cultural, political, social, and economic traditions, as well as imported models of social welfare, thereby creating a blend of colonial and local practices (Graham et al., 2015). Currently, this reality interacts with the science of emergency response, as designed by the UN and the international community, and is rooted in humanitarian principles and resources, such as the Sphere Standards (UNICEF, 2010).

Generations of children in this region have been impacted by large-scale Palestinian displacement, and more recently Syrian displacement, presenting different response architectures. In the case of Palestinian refugees, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) is the primary responder. UNRWA was founded in 1949 and oversees service delivery – including schooling, health clinics, and community centers – to the refugee population in occupied Palestinian territories and in camps in neighboring countries (UNRWA, 2020). In Palestine, the response of civil society to children's needs is very strong and has set the path for service provision in many sectors, including through the creation of a national child protection system. Organizations and charitable societies work in areas such as disability, foster care, poverty alleviation, legal services, and all issues pertaining to violence inflicted by Israeli occupation forces (Hart & Lo Forte, 2010).

Conversely, the Syrian crisis presents more critical issues of protection. Grave violations of children's rights, such as armed recruitment, abductions, killing, and

maiming, continue unabated. Unexploded ordnance is a deadly threat for millions of Syrian children (UNICEF, 2019a). The response in Syria is managed through the coordination cluster approach (Sida et al., 2016), which is made up of working groups for individual sectors, composed of various organizations active in the field, as further detailed in Chap. 4. Nevertheless, the capacity of international nongovernmental organizations (INGOs) inside Syria to provide direct services is severely limited. For this reason, the Syria response effort provides space for localized efforts, leading local organizations to partner with INGOs for service delivery (Building Markets, 2018). This approach requires capacity and capability building activities for local organizations. Localized efforts also enhance the coordination of direct service delivery to children inside Syria. However, local organizations are also faced with the need to prioritize issues, such as community-based psychosocial support, due to capacity limitations, making delivery of specialized services challenging.

The process of refugee resettlement also impacts children's development and trajectories. Resettlement is the transfer of refugees from an asylum country to another state that has agreed to admit them and ultimately grant them permanent residence. Resettlement is one of the three durable solutions considered for refugees (UNHCR, 2020a; see Chaps. 7, 8, and 9 for more information on UNHCR durable solutions). For children in particular, resettlement is prioritized if they are unaccompanied or have been separated from their family or if they have compelling protection needs that are not addressed in the country of asylum (UNHCR, 2016).

18.2 Overview of Relevant Best Practice and Challenges

During emergency response and protracted crises, children who are refugees, asylum seekers, or internally displaced face many challenges when they encounter various welfare systems (whether formal or informal) throughout their journey. In this section, we highlight major challenges that hinder a child's access to quality, coordinated, and culturally relevant services.

In times of displacement, organizations are challenged with the need for quick action, rivalry over funds, prioritization of needs, limited accountability, power imbalances between children and adults, and adaptation of programs to new socio-cultural contexts. This leads to children having little influence on how programs are designed, implemented, and evaluated (O'Kane, 2013b). Ideally, programming is most effective when child participation is prioritized. This increases accountability to children as an affected population and can empower them and boost their resilience. Children's ability to cope using existing means is highlighted in the following case study from Jordan's Zaatari Syrian refugee camp, which also demonstrates the need to involve children in all levels of decision-making. Social workers need to prioritize methodologies that are holistic and inclusive to ensure the provision of effective services that are child-centered (Duman & Snoubar, 2016).

Case Study: Child Labor as a Multilayered Coping Mechanism

Zaatari camp opened in the north of Jordan in July 2012 to host Syrian refugees, over one million of whom currently reside in the country (UNHCR, 2019). The camp covers an area of just over 5 square kilometers and is home to just under 80,000 people, half of whom are children and 20% of whom are under 5 years old (UNHCR, 2019).

Conditions in Zaatari are difficult, and refugees struggle to make ends meet. Initially, common coping strategies included selling assets, sharing housing, and establishing microbusinesses within the camp. These strategies reflected the entrepreneurial nature of the Syrian people and led to the creation of a bustling street nicknamed the “Shams Elysees” in reference to “Sham,” the colloquial name of Syria, and the famous boulevard in Paris, Champs-Elysees (Copestake, 2016). However, economic pressure began to mount, and many families were forced to resort to more extreme coping mechanisms, including the need to send their children to work, namely, in agriculture (UNICEF, 2014).

A project commissioned by Save the Children in 2017 sought to understand the reasons for increasing levels of child labor in the camp. The report broke away with common assumptions that child labor is mostly driven by financial need. It revealed that children and adolescents in the camp are increasingly making autonomous decisions in search of a sense of purpose and to experience a life more reminiscent of rural Syria, which was home to most of them. The report noted that “whilst children from less economically stable backgrounds work out of necessity, some children make the conscious choice to work in order to earn spending money; escape the monotony of camp life; and spend time outdoors” (Save the Children, 2017, p. 23). This, combined with the poor quality of education in the camp, the levels of emotional and physical abuse in schools, and the uncertainty around validity of school certification in Syria, as well as the sense of importance and stability that work may provide, has encouraged a number of children and young people to abandon school and start work (Save the Children, 2017). Adolescents also reported working out of a desire to raise money to start a family, support their parents, purchase items such as mobile phones, or save money for their return to Syria. A striking finding was the significant number of children and adolescents who choose to work as a means of connecting to nature and experiencing life beyond the camp, regardless of their families’ economic standing (Save the Children, 2017).

The report revealed that children and adolescents seek to escape the crowded and arid camp environment to access nature; to be close to the land, reminiscent of their rural lives in Syria; and to feel productive. This demonstrates that what at first might appear to be a wholly negative coping mechanism, or an enforced measure by parents, may be a rationalized effort by children to strengthen their sense of self and self-expression (Save the Children, 2017).

Observations in the field of emergency response reveal much duplication in children's services. Not all organizations participate in a coordination body; some opt out due to political reasons or the desire to access independent funding and preserve autonomy. When response is uncoordinated or organizations operate independently of one another, gaps can emerge in underserved areas, and resource utilization becomes less efficient.

The complex nature of humanitarian situations, including increasingly protracted crises, impacts the ability for timely and effective response for many organizations (UNICEF, 2019a). The global humanitarian system allows for international service providers who are trained and ready to respond to children's needs through various tools, such as child protection and education capacity assessments. Having proper capacity is part of emergency preparedness, as implemented by many INGOs and UN agencies (Austin & O'Neil, 2015). However, this often clashes with the limited number of local professionals trained to work with child refugees and internally displaced populations. Therefore, in many countries, there is a need to depend on para-social workers,¹ allied workers from other supporting sectors who are trained on social work principles and can apply a community-based approach in their interventions (UNICEF, 2019b), as exemplified by the ongoing responses in Jordan, Syria, and Lebanon. The process requires resources and time to identify individuals who are cause driven, as well as provision of specific training and capacity building to support displaced children. For this reason, some organizations instead defer to the less resource-intensive approach of relying on international counterparts and practitioners. The drawback of this practice, however, is less sensitivity to issues of cultural competence, which increases the need for qualified social workers to engage in an international exchange of knowledge to effectively support transcultural issues (Hessle, 2007). However, such opportunities for exchange of knowledge and experience are not always readily available, especially at the onset of an emergency.²

In Europe and the United States, despite having many trained social workers, social service systems still face challenges in providing services to refugees and asylum seekers. Issues often arise regarding social workers' ability to address socio-cultural concerns of refugees, such as social cohesion and integration, and in dealing with multilayered problems that refugees face, especially in light of anti-immigrant attitudes and the rise in nationalism and xenophobia (Popescu & Libal, 2018). In all contexts, investment in the social service workforce is essential to support children and their families, especially as refugee children often become translators of both the language and the new culture for their parents, leading them to share the burden and responsibility of social integration.

¹Para-social workers are supervised paraprofessional staff or volunteers – often community based – who serve the needs of children and families, particularly where social welfare systems are underdeveloped or severely stretched (Links et al., 2010).

²See Chap. 11 for more information on practicing internationally.

Case Study: Jordan-Specific Challenges as Related to the Syrian Refugee Crisis

In Jordan, which is classified as a lower-middle-income country (World Bank, 2017), approximately 83% of Syrian refugees live in urban areas, along with refugees from Iraq, Yemen, and Sudan. Together, these communities living in urban centers make up close to a quarter of a million registered refugees (UNHCR, 2019). Refugees often live in areas that are already marginalized, overpopulated, and constricted. These conditions are exacerbated by global economic and social policies promoted by the International Monetary Fund and the World Bank, which have impoverished and marginalized communities, as well as necessitated increasingly challenging approaches to social work practice (Al-Qdah & Lacroix, 2016).

Responding to existing needs was a challenge for social workers in Jordan even before the arrival of Syrian refugees. A lack of access to proper education, training (Ibrahim, 2017), assessment tools, and supportive supervision services was just one of these challenges facing all children in Jordan before the arrival of Syrian refugees to the country (Cocks et al., 2009). With the influx of Syrian refugees, there has been a combination of reliance on existing, and already challenged, local capacities and on a wide array of foreign organizations. All of these organizations rely heavily on para-social workers (UNICEF, 2019b), as well as young foreign workers mostly from the Global North.

In the case of Jordan's response to the Syria crisis, the Inter-Agency Standing Committee (IASC) is entrusted with overseeing the coordination of services through the cluster system.³ However, in countries where there are already existing national coordination bodies, the cluster approach is in danger of creating a parallel system (Sanderson, 2019). In Jordan, for example, there are refugees in both camps and urban settings. Response models designed for camps are not viable in urban areas. In urban areas, many services to refugees rely on governmental agencies, such as line ministries, municipal authorities, private sector, police, national civil society actors, and refugees themselves. As the crisis has become increasingly protracted, it is important that resilient systems are adopted and include more engagement with governmental coordination bodies. To address this challenge, the Jordanian government initiated the Jordan Response Plan to coordinate funding and geographical coverage and to ensure that services meet actual needs of refugees (Ministry of Planning, 2018).

³ See Chap. 4 for more information on the cluster system in humanitarian coordination.

Best practices are potentially transferable, on-the-ground interventions and processes that build on and integrate research, in collaboration with the people most affected (Mateus & Pinho, 2018). Best practice with displaced children is child focused, placing the child's well-being and safety above all; family centered, involving the parents and family in all phases of the process; strength based – building on the resilience and resources of children, their families, and communities – and individualized to the needs of each child and their family. It is culturally sensitive rooting solutions in the child and family's cultural context; and community based working in collaboration with both formal and informal actors within the community (Newbigging et al., 2010). This is highlighted in the case study that follows, which explores heritage practices to identity preservation for refugee youth in Lebanon.

Case Study: Heritage Practices as a Means to Identity Preservation

Since 2011, Lebanon has witnessed the arrival of around 900,000 registered Syrian refugees (UNHCR, 2020a). The presence of 1.5 million Syrians, according to government data, makes Lebanon the country with the highest number of displaced people per capita globally (LCRP, 2020; UNHCR, 2020a). Over half of the Syrian refugee population in Lebanon is under 18 years of age (UNHCR, 2020b). Historically, Syrians have crossed the border into Lebanon to participate in seasonal agricultural work in the Bekaa valley in eastern Lebanon (Abi Habib-Khoury, 2012), and currently, over a third of Syrian refugees in Lebanon reside in informal tented settlements in this region (Ferris & Kemal, 2016). Three quarters of Syrian households have no basic food and shelter, while over half live in extreme poverty (UNHCR, 2020a). Other issues plaguing Syrian families are a high rate of unemployment, a severe food insecurity, and a highly uncertain future (VASyR, 2019). This situation was greatly exacerbated by the outbreak of COVID-19 and subsequent quarantine measures (UNHCR, 2020c), the massive demonstrations that took place across the country since 2019 in response to corruption within the government, and the economic crisis that ensued in the first half of 2020 (Atrache, 2020).

In recognition of these challenges, Biladi, a Lebanese nongovernmental organization (NGO), identified agricultural heritage as a critical factor in the preservation of local and national identity, as well as a means to support the dignity and resilience of displaced youth in Lebanon. In 2016, Biladi developed short-term vocational training programs for youth, aged 15–25 years old, from vulnerable communities through their project “Agricultural Vocational Education and Training for Vulnerable Adolescents in Lebanon.” This age-group was targeted to support those young people who were not able to continue their schooling due to displacement but who are not yet eligible for legal employment. The program is now in its fourth consecutive year

(Biladi, [n.d.](#)). Biladi conceived of these training programs using a nonformal education framework in a group-learning environment that combines vocational training with psychosocial education, supporting self-esteem, resilience, and identity building (Biladi, [n.d.](#)). While they are working with refugee youth, trainers identify the specific needs of the trainees and their families, and social workers then come in as case managers through partner humanitarian organizations to attend to these needs, further supporting the youth and their families in their journey.

The project works to archive knowledge of the production of *mouneh*, the traditional home food preservation custom of the Arab Levant, introducing students to regional variations of the same products and encouraging them “to keep their parents’ and grandparents’ recipes alive” (Badran, [2017](#), p. 2). The archiving effort encourages dialogue and discovering commonalities between students from different regions, nationalities, and backgrounds and holds the dignity of students central.

Participants begin to see that their heritage and its preservation are not only a source of pride but also a source of self-sufficiency – and possibly income – through small business creation (Badran, [2017](#)). To facilitate this, Biladi has developed a second phase of the project, which selects the most promising young students to enter an intensive, hands-on training process that allows them to start their own home- or community-based businesses to market and sell their products (Biladi, [n.d.](#)).⁴

Best practices and the principles on which they are built, while critical, are not always readily applicable, especially with a sudden and massive influx of refugees into countries where social welfare systems already suffer from increasing need and a lack of financial and human resources. Currently, 85% of the world’s displaced population is hosted in middle- and low-income countries, with 6.7 million refugees living in the world’s poorest countries (UNHCR, [2018](#)).

Each of these models, while these are responsive to need, is not without potential flaws. Workers often lack the needed skills and experience, and there is a risk of potential exploitation of para-social workers. This is especially true for workers who hold refugee status since a host country’s labor laws do not necessarily apply to them, and they may, therefore, lack basic labor rights. Challenges also arise related to child protection and safeguarding due to the potential lack of competence and/or accountability (UNICEF, [2019b](#)). In the case of foreign workers and some national workers from contrasting socioeconomic and cultural backgrounds, there may be a dearth of cultural humility, a practice which invites a lifelong commitment to self-evaluation, self-critique, and recognition of power imbalances in a

⁴Also see Chap. [12](#) for integration of culture in healing trauma.

non-paternalistic manner (Murray-García & Tervalon, 1998). Furthermore, field workers often face burnout and vicarious trauma when confronted with unaddressed trauma in others (Plakas, 2018) and when coping with the costly, unintended consequences of their lack of self-awareness and capacity. This is especially challenging when working with children, as additional care and consideration are required.

A further challenge is the dynamic between international and local actors on an organizational level. Local organizations are largely left out of the decision-making and policy-making processes and are often relegated to an implementation role. This does not make proper use of their experience on the ground, nor does it improve their capacities for accountability, iterative learning, and contributions to national policy making and advocacy – all of which are crucial for their sustained support of child and youth refugees (ActionAid, 2019).

For these reasons, the applicability of a global best practice is limited, as is the likelihood of localized best practices arising and taking root, despite valiant and well-meaning efforts on the part of individuals and organizations. Further work is needed to increase funding to local actors; make funding more efficient; improve partnership and coordination efforts; invest in capacity building on the institutional, social worker, and para-social worker levels; and increase involvement of communities and local actors in the decision- and policy-making process (Van Lierde, 2020; ActionAid, 2019). These institutional best practices would potentially create a fertile ground for meshing global best practices and local practices that can better respond to and serve refugee children and youth.

Case Study: Beautiful Resistance

The occupation of Palestine is the longest in modern history, beginning with the Sykes-Picot Agreement of 1916, which partitioned the [Middle East](#) into French and British spheres (Wright, 2016), followed by the Balfour Declaration of 1917, which stated that the British government was in favor of the establishment of a national home in Palestine for the Jewish people (BBC, 2001; Morrison 2007). This was later followed by the United Nations Partition Plan for Palestine of 1947, which stated that the Jewish population would be given possession of more than half of Palestine, though at the time they made up less than half of Palestine's total population (History, 2009). When the Palestinians refused to accept this imposed plan, the British withdrew their mandate forces from Palestine, and Zionist forces took the allocated land and additional land allocated to the Palestinians by the partition plan (History, 2009). During the 1967 war with neighboring Arab countries, Israeli forces additionally occupied the Palestinian lands of the West Bank and Gaza, which began with an attack on Egypt, Syria, and Jordan (NPR, 2007).

As such, and for over 70 years, Palestinians have experienced ethnic cleansing, mass incarceration, occupation, racism and oppression, loss of

homes and land, and negation of the refugee right of return (Grassroots International, 2011). Among the 70% of Palestinians who were forced to become refugees, nearly one third of those who are registered – more than 1.5 million people – live in 58 Palestine refugee camps in Jordan, Lebanon, Syria, Gaza, and the West Bank, including East Jerusalem (UNRWA, 2020).

Palestinians, including and often led by children and youth of all ages (Hughes-Fraitekh, 2015), have employed many unarmed forms of protest and resistance over the years (Qumsiyeh, 2011). Palestinian art and culture have survived despite the deliberate imprisonment of artists and the persistent and unrelenting censorship of artistic expression by the Israeli government (Parry, 2018). One noteworthy form of resistance was initiated by Alrowwad Cultural and Arts Society, a Palestinian civil society organization established in 1998 in Aida Camp. The project, called “Beautiful Resistance,” counters the ugliness of military occupation. Resistance through culture and the arts, as well as education regarding injustice, oppression, occupation, and dictatorship, is seen as beautiful act of humanity that can save lives and inspire hope for the camp’s children and youth (Bruun & Brekke, 2020).

Aida Camp, established in 1950, is one of 19 refugee camps in the West Bank. Located in Bethlehem, it is home to 6400 people sharing just 0.07 km² of space. The camp is surrounded by an illegal wall of expansion and annexation, with sniper towers positioned along the east and north ends and frequent incursions by Israeli occupation forces (Abusrour, 2013). Two thirds of the population are under 24 years old and face unrelenting violence and repression at the hands of Israeli forces (Martin, 2014).

The philosophy of Beautiful Resistance stems from the belief that democracy, peacebuilding, and conflict resolution programs under occupation only distract oppressed people from their cause, while art, culture, and education for children and youth serve to enliven and motivate them to act against systemic oppression (Al Yamani, 2008, 2011). Alrowwad began their work through theater training with children, youth, and parents in the camp, and the organization has now expanded their work to the whole of the West Bank through Mobile Beautiful Resistance programs in theater, dance, photography, and videography (Al-Rowwad, n.d.).

Fundamentally, the notion that global best practices are transferable, relevant, and desirable to local settings should be problematized and questioned. The call for decolonizing social work⁵ is gathering momentum, and social workers will need to heed this call. Some useful places to begin are identifying harmful beliefs and

⁵Decolonizing social work is an approach that seeks to create an awareness of the effects of colonization and create less oppressive ways of delivering social services.

practices, reclaiming and honoring indigenous philosophies, and exploring examples of successful decolonization efforts (Gray et al., 2013). The case study that follows from Palestine is an example of how honoring land and deepening local cultural practices can support resistance and resilience for displaced children and youth.

18.3 Needed Knowledge and Skills of Social Workers

This section highlights key areas of knowledge and skills for social work practice with displaced children, including child development, trauma and resilience, cultural competence, program design, emotional intelligence, and self-care.

18.3.1 Child Development

In order to have a meaningful child-focused response, understanding how a crisis impacts children's development is key. Displacement brings great instability to children's lives, and children at differing developmental stages react differently. As can be expected, sudden and dramatic changes in a child's life bring stress and impact feelings of security (Sandstorm & Huerta, 2013). The nature of children's reactions is shaped by age, individual characteristics, and temperament, as well as the quality of care and support they receive from their family and other significant people in their social environment (ARC, 2001).

The adversity children face impacts their cognitive and emotional development (Center on the Developing Child, 2007). For example, the developmental pathway of a refugee child who was born and raised in a refugee camp is impacted by limitations that are within that camp, such as access to food, shelter, and education. Similarly, an asylum seeker's child who has been on the move to seek refuge and could be at risk of injury and harm is shaped by that experience. Social workers must be equipped with knowledge of different developmental stages and how children respond to protective and risk factors impacting their life trajectories. Assisting caregivers to understand phases of child development and how to effectively support children at these various stages is also essential.

18.3.2 Trauma and Resilience

Trauma and resilience are interrelated for children and youth impacted by displacement. Displaced children encounter multiple traumatic events in their country of origin, as well as throughout their displacement and post-displacement. While trauma has been widely studied, the study of its particular manifestations in refugee

children and youth is less prevalent. What is known, however, is mental health challenges are prevalent among refugee and asylum-seeking children and youth as a result of multiple factors related to forced migration and as a result of secondary trauma resulting from parental stress and Post-traumatic stress disorder (PTSD) PTSD (Gadeberg et al., 2017).

Signs of trauma in children that social workers need to be aware of include anger, anxiety, helplessness, sadness, and interpersonal challenges, as well as a high incidence of PTSD (Kinzie et al., 2006). Additionally, PTSD levels in parents due to forced migration, and pre-existing stress and trauma, can lead to harsh parenting and consequently to conduct, emotional, peer, and hyperactivity problems in children (Bryant et al., 2018).

Equally important for social workers is understanding the role of resilience in trauma recovery and protective factors that can mitigate trauma, as well as environments that are most conducive for developing resilience. Resilience in children has been defined as the capability to exhibit competence despite exposure to stressful events and experiences (Garmezy et al., 1984). Signs of resilience in children include social competence, sense of agency and capability, and positive self-esteem. Resilient children have been identified as having a higher-than-average IQ, which could support them in multiple ways, including in developing effective coping strategies and in appropriately expressing their emotions (Aldwin, 1994).

External factors that contribute to resilience over time and protect from maladaptive behavioral outcomes are close, supportive relationships; sustainable and responsive caregiving; protective, ethically anchored community; and appropriate educational experiences (Rutter et al., 2001). The involvement of family and community members, as well as educators, is especially important in the provision of services to child and youth refugees at all stages of the displacement process (Weine et al., 2014).

Another important concept for those working with displaced children is that of community resilience, which becomes possible when critical systems that directly impact human society at a grassroots level and the interconnectedness between these systems are encouraged and maintained in times of stress and crisis (Nemeth & Olivier, 2017).

18.3.3 Program Design

Child-focused program design during times of acute and protracted crisis is critical. This should include all phases of the journey of displaced children, such as in cases of resettlement. *The Sphere Handbook* (2018) provides a description of how programs are designed using a program cycle approach. Standards of a program cycle include assessment and analysis, strategy development and program design, implementation, monitoring, evaluation, accountability, and learning. The knowledge and skills to ensure child participation in all phases of program design enrich outcomes of a project. Program design for interventions targeting children should be flexible,

adaptable, and robust to meet complex and evolving needs of children and their caregivers during the process of displacement (O’Kane, 2013a).

18.3.4 Self-Care

Coping with the stress of working with displaced children is challenging. Social workers are prone to burnout even when working with children in nonemergency settings (National Child Welfare Workforce Institute, 2011). In the case of working with displaced children, the risk is even higher. Trauma is transferable and having the skills to identify self-care needs is crucial. Promoting and engaging in self-care in this context are a responsibility of both the individual practitioner and the organization, yet it is not always attainable due to a lack of awareness by practitioners around their own needs and/or a lack of systemic approaches by organizations to identify and address these needs among their staff.

While organizations have begun to realize the need to institutionalize self-care practices, this often comes too late for many social workers and para-social workers in the field who experience compassion fatigue, burnout, and vicarious trauma. Compassion fatigue is a set of symptoms experienced by social workers working with traumatized clients, which includes anxiety, depression, fear, numbing, shame, cynicism, anger, hypertension, and sleep disruption (Figley, 1995). This can lead to burnout, which manifests in lower productivity and job satisfaction, reduced commitment to the profession, emotional exhaustion, and likelihood for high turnover (Geiger et al., 2015). Finally, vicarious trauma is an accumulation of compassion fatigue over time and in response to multiple stressful situations (Figley, 1995).

Self-care is equally important for social workers to introduce to and facilitate for caregivers of children to enable them to effectively support children in their care throughout the process of displacement, and to cope with the many challenging effects it can have on children.

18.3.5 Cultural Competence

The absence of cultural competence is a major contributor to the harm that organizations and individual social workers can cause. Cultural competence at the most basic level is about understanding behaviors, attitudes, and traditions, as well as respecting them (NASW, 2015). With regard to displacement, the importance of drawing from cultural practices to design a response cannot be underestimated as it is necessary to create awareness around and activate work toward combating discrimination, racism, classism, and xenophobia. As mentioned earlier, central to true cultural competence are the capacity for cultural humility and the importance of understanding the context of the work and sociopolitical history of the region and conflict.

Social workers in displacement settings must remember that the identity of displaced children and their cultural anchors are vital to their sense of self, even when they settle in another country. Displaced children's culture is rooted within their traditions and must be considered and respected in designing interventions that enhance resilience (Ruiz-Casares et al., 2014). Cultural competence also relates to building localized efforts that could lead to contextually meaningful, child-focused responses (Morrison, 2007).

18.3.6 Emotional Intelligence

Social work is embodied in a set of relationship-based practices, and emotional intelligence is what allows these practices to be conducted skillfully and compassionately. Emotional intelligence allows social workers to assess and manage their own emotional responses, in addition to those of their clients (Howe, 2008).

Cherry (2018) outlines the following five elements of emotional intelligence:

1. Self-awareness – the ability to understand emotions and control them, and an awareness of strengths and weaknesses, coupled with a trust in intuition.
2. Self-regulation – the capacity to not act impulsively and to set personal boundaries.
3. Motivation – maintaining focus on long-term tasks and high productivity and love of a challenge.
4. Empathy – understanding divergent feelings and viewpoints of others.
5. Social skills – helping others to succeed and building and maintaining relationships.

The five aspects of social work that most require emotional intelligence are engagement, assessment, decision-making, collaboration, and coping with stress (Morrison, 2007). Emotional intelligence supports the consideration of one's emotional context and requires a honed sense of perception, as well as an ability to understand complex emotional situations, while exercising the keystone social work skill of empathy (Morrison, 2007).

18.4 Conclusion

Social work with refugee children offers practitioners and their clients an opportunity to work together to lighten the burden on children and their families throughout a journey that is both necessary and devastating. The ability and opportunity to see a child and recognize their specific culturally relevant needs and strengths will often

be left to the individual practitioner in the field. To fulfill this role is both a privilege and a tremendous responsibility, especially when international, national, and organizational politics can often be a hindrance, rather than a source of support. Equally imperative for the social worker is to be aware of and balance their own needs and recognize that if they become sidelined, neither the child nor the cause will be served.

As such, social work with displaced children embodies the very essence of the profession and its tenets. At times when the challenge feels too big, social workers would do well to remember that what children most need from a social worker is someone to listen, be empathetic, keep promises, act, keep confidences, and be holistically supportive (Statham et al., 2006).

18.5 Reflection/Discussion Questions

The following questions are intended to further prompt the reader to explore critical issues highlighted in this chapter:

1. What are the benefits and implications of focusing on resilience rather than only on trauma when working with displaced children?
2. What are underlying causes of challenges facing displaced children, and what resources exist within and around the child and their family to overcome them?
3. How does a child's cultural heritage affect the assessment of their strengths, and how does a social worker ensure that cultural strengths inform practice? To what extent are social workers responsible for developing a nuanced understanding of the cultural heritage of the children and families with whom they work? How can social workers acquire such knowledge?
4. What is the importance of cultural humility in working on issues of child displacement?
5. How can social workers influence organizations to enhance cultural responsiveness as related to policies, practices, and services for children? What is the role of social workers in advocating for and supporting interventions that are meaningful and culturally relevant? How can social workers counter ready-made designs and interventions that do not serve communities but rather lead to push-back and unintended consequences?
6. The world of children's services in emergency contexts is ever evolving. It changes in relation to shifts in political, social, and cultural environments. How can social workers remain aware of these dynamics and the ways in which they impact ecological spheres surrounding children?
7. How can social workers contribute to designing interventions that enrich community preparedness and capacity to respond to crises, rather than interventions that lead to a community's reliance on external support?
8. What can social workers do to ensure that voices of children and youth are heard, even when seemingly more urgent priorities abound?

18.6 Pedagogy Suggestions for the Course Instructor

This section is intended for instructors to use in support of classroom teaching. We recommend using these ideas as general framework to guide classroom interaction and as practical recommendations for specific interventions around the key issues mentioned in this chapter as follows:

1. Employ experiential body-based learning, including introducing tasks and roles that would allow students to be both cognitively and emotionally engaged in a process that connects with an experience of displacement and loss.
2. Engage in intercultural practices within the classroom both to model a move away from assimilation as the presumptive goal of migration and to accept that – especially for the forcibly displaced – the need to identify with and celebrate their cultural identities is an important means of resilience. Examples of intercultural practices in the classroom are asking students to share their conceptualizations of family, asking them how they referred to adults when they were young children, conducting role-plays of critical conversations students had as children, and promoting cooperative learning through group work.
3. Involve refugees or displaced young people in the learning and teaching process as guest speakers and as active participants to work with students on issues that require collaboration and mutual learning and problem-solving, while also designing practical recommendations for specific interventions in ways that are mutually supportive to the guests themselves.
4. Celebrate contributions of refugees and migrants, but ensure it is done in a way that does not tokenize, romanticize, or reduce them to a sum of the parts of their culture. For example, upon discussing the crisis in Syria, invite students to study the history of Syria and Syrians' contributions to humanity. You can also invite students to reflect on the fact that Aleppo, razed to the ground in the conflict, has been inhabited since the sixth millennium BC, making it one of the oldest inhabited cities in the world. This may help frame the staggering size of the loss that Syrians have experienced.
5. Highlight key resources that standardize work with children, such as the Child Protection Minimum Standards in Humanitarian Action and Minimum Standards of Education in Emergencies (The Alliance, 2019).

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Chapter 19

Bridging Micro and Macro Practice to Respond to Violence Against Women and Girls in Dynamic Contexts: Lessons Learned from the South Pacific Context



Abigail Erikson, Doris Puiahi, and Karin Wachter

19.1 Introduction

Violence against women and girls (VAWG) constitutes one of the greatest human rights violations and major public health problems globally. One in three women aged 15 years or older experiences domestic violence (DV) in their lifetime (Garcia-Moreno et al., 2005), which is also the leading cause of homicide death among women (Stöckl et al., 2013). In humanitarian crises caused by armed conflict, political unrest, and natural disasters, the risks of VAWG substantially increase (Stark & Ager, 2011). The Declaration on the Elimination of Violence Against Women defines violence against women and girls as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (UN General Assembly, 1993). Sexual, physical, psychological, and financial forms of violence and abuse often co- and reoccur across women’s lifespans.

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Violence has significant adverse impacts on the health and well-being of women, children, families, and communities and impedes overall efforts to reduce poverty, progress sustainable development, and advance peace and security agendas globally. From an economic perspective, conservative estimates suggest violence against women costs billions of dollars to nations around the world (Fulu & Heise, 2015). The eruption of the global COVID-19 pandemic in 2020 exacerbated concerns of violence against women during lockdowns (Sánchez et al., 2020; UN Women, 2020), prompting the United Nations secretary-general to urge a strong global response to end what he termed the “shadow pandemic” (UN Press Release, 2020). It is likely that the longer-term socio-economic impacts of COVID-19 will further impede efforts to prevent and respond to VAWG at national, regional, and international levels.

Decades of work by women’s rights activists and experts around the world show that acts of violence perpetrated against women and girls are not isolated events but rather a pattern of abuse aimed to keep women submissive and disempowered (Adinkrah, 2001; Hall, 2015). The violence women and girls experience is a complex social problem driven by ongoing and entrenched gender inequalities reflected in all aspects and stages of women’s lives. Women experience a range of disadvantages and adverse outcomes across the lifespan because of the threat and perpetration of violence, as well as structural, gender-based oppressions (Jewkes et al., 2017; Montesanti & Thurston, 2015) that perpetuate power imbalances between men and women.

In relatively stable contexts, uncomplicated by large-scale crises, VAWG and broader gender-based discrimination take a considerable toll on individual, family, and societal health, as well as on economic and social outcomes (Holly & Stawski, 2019). The pressure of political and economic instability, coupled with environmental disasters, exacerbates violence and discrimination toward women and girls, and national resources are often not sufficient to support VAWG prevention and response services (Castañeda Carney et al., 2020; Phillips & Jenkins, 2016). During crises, protective mechanisms, such as community support systems and formal social services, often weaken, increasing vulnerabilities for women and girls on the one hand and limiting access to support services on the other (Castañeda Carney et al., 2020). Sexual violence and early or forced marriage typically surge in times of crisis and forced displacement (Vu et al., 2014), while mortality and malnutrition rates, particularly for mothers and infants, escalate due in part to structural imbalances that limit access to healthcare (Goodman, 2016). Further, restricted mobility and discriminatory social norms driven by entrenched power dynamics prevent women from accessing lifesaving services and participating in important decision-making processes (DFID, 2013).

The field of international social work is driven by core values and ethical principles grounded in service and social justice; as such, it is well positioned to contribute to advancing efforts to prevent and respond to VAWG across diverse geographic, political, and social contexts. Adherence to international human rights treaties is a major component of international social work (Healy & Thomas, 2020). When human rights and international development theories and practice are also grounded

in feminist theories, social workers can situate VAWG against women within a broader analysis of gender, power, and intersecting oppressions (Turner & Maschi, 2015), which is essential to advancing gender-transformative policies and programs. In drawing from ecological perspectives that highlight multiple spheres of influence in private and public life (Fulu & Miedema, 2015; Heise, 1998), social workers have a unique opportunity to develop knowledge and skills to work effectively on addressing VAWG at micro, mezzo, and macro levels of policy and practice and under challenging and dynamic circumstances, including across the humanitarian-development nexus¹ (Lie, 2020).

This chapter amplifies the importance of bridging international macro and micro practice to ensure essential services in response to VAWG in dynamic contexts, with a focus on the Melanesian region of the South Pacific. The chapter provides an overview of the Melanesian region of the South Pacific, the scope and scale of VAWG in context, the critical role of the regional women's movement in advancing policy changes at regional and national levels and establishing standards for survivor services, and a case study from the Solomon Islands.

19.2 The Melanesian Context

The Pacific Island region is comprised of 25 nations and territories spread over more than 25,000 islands and islets in the western and central Pacific Ocean, an area that spans approximately 15% of the globe (World Bank, 2018). Three subregions – Polynesia, Micronesia, and Melanesia – hold diverse traditions, histories, economies, and cultures that resist unidimensional descriptions. Differences among subregions are discernible in terms of political status, population size, social and economic development, migration, and potential for political instability and social unrest.

Melanesia, the biggest of the three subregions in the South Pacific, is home to over 11 million people and includes Fiji, Vanuatu, Solomon Islands, Papua New Guinea, and New Caledonia (Watson & Dinnen, 2020). Of the three Pacific Island subregions, Melanesia is the most diverse in terms of language, race and ethnicity, and culture (Vallance, 2007). Yet, sociocultural commonalities, such as kinship networks, sense of place, communally held land, and principles of reciprocity and consensus, span diverse groups across this cluster of islands (Brown, 2008).

A multitude of significant and interrelated factors, such as population density, resource exploitation, urbanization, limited access to land, and emigration, contribute to political and social instability in Melanesia (Firth, 2018; Kowasch & Holtz, 2014). Melanesia's colonial history also plays a powerful role in contemporary Melanesian life (Dinnen et al., 2010). The violent suppression of local resistance

¹The humanitarian-development nexus refers to “the transition or overlap between the delivery of humanitarian assistance and the provision of long-term development assistance” (Strand, 2020, p. 104).

and the establishment of Christian missions in the late eighteenth century have had a dramatic impact on the social lives and religious practices of island communities that endure to this day (Rhodes, 2019; Woodberry, 2004). These influences shape contemporary informal and formal responses to VAWG in complex ways, by introducing new and reinforcing existing gender inequalities. For example, the traditional matrilineal system in Melanesia accorded women the highest form of respect in land matters. However, colonial governments engaged men in making major decisions on behalf of their families and communities, which eroded existing cultural practices that had upheld women's rights (Stege, 2008).

The Pacific Island region is one of the world's most vulnerable regions to climate change and its effects. The World Risk Index 2019 ranks five Pacific Island countries among the top 20 most at-risk countries, including Vanuatu and Tonga, ranked first and third, respectively (Radtke & Weller, 2019). Earthquakes, severe flooding, tidal irregularities, and tropical cyclones regularly affect the Melanesian islands, and these climate-related hazards will worsen as the climate changes.² The socio-economic impacts of disasters can erode social, political, and economic development gains and threaten sustainable development (UN Women Fiji, 2014). Evidence shows that risk of VAWG, including intimate partner violence, rape, sexual assault, and exploitation, increases during and after natural disasters (Casteneda Carney et al., 2020; Phillips & Jenkins, 2016). In the Pacific region, disasters disproportionately affect women due to existing gender inequalities and power imbalances, limiting women's access to post-disaster aid and essential health and social services, resources, and relevant information (UN Women Fiji, 2014).

In recent decades, countries within Melanesia have experienced waves of political instability and violent conflict, impeding economic development and opportunities to advance policies that promote human rights and social justice. Political and economic insecurity and environmental impacts of climate change impact individual decisions around migration (Campbell & Warrick, 2014). In coming years, the relocation of entire communities due to climate change is likely in areas of high-density population and high growth rates in the Pacific (Campbell & Warrick, 2014).

19.2.1 VAWG in the Melanesian Context

Melanesia records some of the highest rates of violence against women in the world. For example, 64% of women in Fiji and Solomon Islands, 60% of women in Vanuatu, and 58% of women in Papua New Guinea have experienced physical and/or sexual violence at least once in their lifetime, compared to the global average of 35% (UNFPA, 2020). Social acceptance of violence and high levels of stigma against women who try to leave violent relationships make it extremely difficult to break cycles of violence (Secretariat of the Pacific Community, 2009).

²For a more in-depth examination of the impacts on climate displacement, please refer to Chap. 6.

Several factors help explain the relatively high rates of violence against women in the Melanesian context and around the world. Globally, discrimination against women and inequalities in distributions of power and resources between men and women are primary drivers of VAWG (Fulu et al., 2013). Gender inequalities shape widespread social norms, which give rise to attitudes and beliefs that condone VAWG. For example, when children witness the abuse of their mothers in heteronormative relationships, they receive messages about the acceptability of men's use of violence in women's lives (Fulu et al., 2015). In the Melanesian context, girls can face restrictions on their education, and from a young age, children absorb sociocultural norms that support preference for sons, child marriages, and other forms of gender-based violence. Further, cultural adherence to strict gender roles based on notions of men as providers who are physically strong, aggressive, and sexually experienced and women as caregivers whose value is based on submissiveness, passivity, and chastity is pervasive (Fulu et al., 2015). As children develop into adolescence and eventually adulthood, they encounter practices and norms that uphold gender inequality at every level of the social ecology, shaping interpersonal relationships, families, communities, institutions, systems, and structures.

Scarce economic, political, and material resources available to women in Melanesia further hinder their ability to attain physical and financial security. The vast majority of women participates in low-wage employment, such as subsistence farming, agriculture, or fisheries. For example, 95% of women in Papua New Guinea are engaged in low-wage work, in comparison to 54–66% of women in most countries (George, 2015). The work relegated to women restricts their ability to attain economic independence and negotiating power at various levels, which could facilitate alternatives to enduring violence and abuse (George, 2015).

Women in this region also experience significant political marginalization. Worldwide, women account for approximately 20% of elected leaders, yet only 3% of elected leaders in the sovereign states of the Pacific are women; in Melanesia, only four of the 213 parliamentary seats (1.9%) are held by women (Hayley & Zubrinich, 2016). Women continue to be underrepresented in decision-making processes and restrained in their capacity to influence policy due to cultural and structural limits. Male kin typically mediate women's power and authority (Hayley & Zubrinich, 2016). For those who seek influence through involvement in local and regional advocacy networks, they encounter accusations of importing culturally inauthentic ideas and receive threats of violence to remind them of "their place" (George, 2015, p. 3).

Conflict and natural disasters across Melanesian countries have a particular effect on women and girls because they are already at risk of violence across the life cycle, including DV (e.g., physical, sexual, psychological, and economic abuse), non-partner sexual assault, sexual exploitation and trafficking, and accusations of sorcery.³ The practice of bride price compensation to a bride's family for the loss of

³The term sorcery describes a wide range of beliefs and practices across the region linked to black magic and witchcraft. There are different terms to describe sorcery in local dialects, including *puri puri*, *mura mura dikana*, *vada*, *mea*, or *sanguma* in Papua New Guinea, *vele* and *arua* in Solomon Islands, and *nakaemas*, *posen*, and *black magic* in Vanuatu.

a daughter and as a symbol of social ties between two families complicates marriage arrangements, increasing the risk of violence and abuse from male spouses for women (Eves, 2019; Homan et al., 2019).

19.2.2 Addressing Violence Against Women in Melanesia

Addressing VAWG requires comprehensive response services, functional and equitable justice systems, and robust prevention strategies (IASC, 2015). Improvements to accessibility and quality of coordinated essential services, including health, social services (crisis counseling, shelters), and police and justice response, along with strengthening legislation criminalizing VAWG, have resulted in significant progress toward addressing the issue (Fulu et al., 2013).

Decades of activism led by the Fiji Women's Crisis Centre (FWCC) to acknowledge and prioritize VAWG across the South Pacific has been instrumental in gains made in the region. As a feminist organization committed to women-centered advocacy, the FWCC has been a catalyst for change in Fiji and across the region. In 1992, the FWCC founded the Pacific Women's Network Against Violence Against Women (PWNAAVAW), the first network of its kind in the region, which had only two survivor crisis centers at that time, the FWCC in Fiji and Punanga Tauturu in Cook Islands. The network has brought together over 150 organizations from across the 13 Pacific countries and nurtured the establishment of crisis centers in Vanuatu, Tonga, Papua New Guinea, Solomon Islands, Kiribati, Samoa, and others. From 2009 to 2015, the FWCC helped develop and pass over 32 legislative and policy changes and advocated for justice and increased access to services for survivors in Fiji and the region (Kilsby & Hunt, 2016). Women have filed fewer complaints about police and the courts, and perpetrators of sexual crimes against children face tougher sentences (Kilsby & Hunt, 2016). The police have also made conviction rates public, resulting in greater transparency, and have created dedicated sexual offence squads. The efforts of the PWNAAVAW have strengthened VAWG crisis response across a range of countries, including Vanuatu, Tonga, Kiribati, and Solomon Islands.

The FWCC and PWNAAVAW have incorporated a human rights-based approach and feminist practice in their advocacy, education and training, and service delivery work. This approach advocates that duty bearers, those responsible for implementing the law (e.g., justice personnel, security and police forces, and healthcare workers, among others), apply a gender lens and rights-based approach across efforts to address VAWG. The FWCC approach also places a high value on working directly with women and girls, to ensure that as rights holders, they are aware of their rights and have the capacity to avail themselves of their rights if they experience violence. The FWCC and the PWNAAVAW have pushed to make crisis response services available for all women and girls, and other essential services – namely, police, health, and justice – uphold women's rights to make their own decisions, for example,

ensuring that police understand that it is their duty to intervene in cases of DV at the request of women experiencing abuse.

Since 2008, there has been substantial change in the legal landscape surrounding domestic and family violence in the region, supported by Pacific women's rights movements and regional organizations, such as The Pacific Community (SPC), in partnership with national governments. Since 2008, 13 Pacific Island countries now have family protection legislation to protect women and children across the region, and countries are in various stages of implementation, including the Solomon Islands, where the following case study is based.

19.3 Strengthening Multi-sector Responses and Improving Access to Quality DV Counseling for Women and Girls in the Solomon Islands

19.3.1 Context

This section describes a recent case study from the Solomon Islands. The case study highlights the collaboration between government and civil society service providers to strengthen multi-sector responses to violence against women and implement parts of the 2014 Family Protection Act legislation, which called for developing DV counseling standards, ethics, and training. The models and approaches highlighted in this section are applicable to efforts in settings affected by humanitarian crises and natural disasters, to strengthen human rights-based and survivor-centered services for women and girls. This case study highlights the criticality of ensuring essential service standards for supporting survivors remains consistent across all stages of a survivor's journey, whether at service points during humanitarian crises, natural disasters, or displacement, as well as in stable times.

The Solomon Islands is an archipelago of 922 islands and low-lying coral atolls that together form a total land mass of 28,369 square kilometers sparsely scattered over a total sea area of 1,632,964 square kilometers. There are nine provinces in the Solomon Islands, with the majority of the population living on the six largest islands. The capital city of Honiara is located on the island of Guadalcanal. The diffuse geographical spread of the Solomon Islands makes it a challenge to deliver public services to its population. In addition, the Solomon Islands experienced armed conflict between 1999 and 2000. Despite the Townsville Peace Agreement signed by warring factions on October 15, 2000, a protracted period of instability and unrest followed in Honiara and its surrounding areas until 2003. In 2003, the Solomon Islands Government requested assistance from Australia, New Zealand, and other Pacific Island countries to restore stability. Over the next 14 years, these countries provided support through the Regional Assistance Mission to the Solomon Islands, which focused on maintaining law and order, re-establishing the machinery of government, and improving economic development (Allen & Dinnen, 2016).

In recent decades, the Solomon Islands have seen an increase in extreme weather events, such as cyclones and major storms that cause flash floods. For example, in 2013, a tsunami caused by an earthquake in Temotu province hit local communities that have already faced numerous disasters because of their location in the tropical cyclone belt. Communities also face the threat of coastal erosion, with changing climate patterns affecting food supplies. Across the Solomon Islands, rising sea levels have led to the disappearance of at least five low-lying islands, and more are under dire threat (Albert et al., 2016). The growing intensity of natural hazards and climate change, along with the recent social and political unrest in Solomon Islands, exacerbates social issues, including VAWG. As such, creating policies and programs for comprehensive response to gender-based violence requires systems of care that are flexible before, during, and after disasters.

In 2009, Solomon Islands conducted a national Family Health and Safety Study (FHSS), which found nearly two in three ever-partnered women, ages 15–49, reported experiencing physical or sexual violence, or both, by an intimate partner (Secretariat of the Pacific Community, 2009). The study also demonstrated the pervasive tolerance of violence against women. For example, the study found that the majority of women (73%) in Solomon Islands believed that a man was justified in beating his wife under some circumstances – in particular, for infidelity and disobedience. The most common reason given by men for hitting their wives was “disobedience” and “discipline” (Secretariat of the Pacific Community, 2009, p. 3). When men were asked what a wife should do to improve the situation, the overwhelming response was that she should learn to obey him and do what he asked.

In response to the magnitude and complexities of VAWG highlighted in the FHSS (2009), the Solomon Islands Government, under the leadership of the Ministry of Women, Youth, Children and Family Affairs,⁴ developed the National Policy on Eliminating Violence Against Women (EVAW; policy implementation, 2010–2015, 2016–2020). In doing so, Solomon Islands became one of the first Pacific country to have a dedicated policy and government plan to address all forms of VAWG. The EVAW policy framework, updated in 2016, was based on global evidence of best practice approaches (Fulu et al., 2014) and concentrated on developing national commitments to EVAW, strengthening multi-sector approaches and frameworks, promoting public awareness and zero tolerance of VAWG, and improving social and support services for survivors through strong partnerships and coordination between government agencies and civil society organizations. In recognition of increased risks of VAWG during humanitarian crises, the Solomon Islands Government later developed the National Action Plan on Women Peace and Security. Two initiatives, in particular, SAFENET (Solomon Islands Government, 2017) and the national DV counseling guidelines (Solomon Islands Government, n.d.), are central to the government’s work with EVAW policy and legislation.

⁴Hereafter referred to as the Ministry of Women.

19.3.2 *The SAFENET Initiative*

Launched in 2013, the Solomon Islands' SAFENET initiative aimed to provide a coordinated, survivor-centered approach for frontline responses to cases of sexual and gender-based violence in Solomon Islands. A network of government and non-government organizations convened to strengthen the quality and coordination of services for survivors of violence. The Ministry of Health and Medical Services initially assumed a central role in coordinating SAFENET and in 2018, after mutual agreement from multiple ministries, the overall coordination and management of SAFENET transitioned to the Ministry of Women, given its overall role in the oversight of the EVAW policy (2016–2020). A dedicated SAFENET coordinator position was created within the ministry and is a senior role providing support to SAFENET at national level. SAFENET consists of frontline service providers across all key sectors of response, including crisis counseling and social services, health, police, and legal justice (Solomon Islands Government, 2017).

For example, *Seif Ples* gender-based violence crisis and referral center was established under a memorandum of understanding between numerous government agencies and the Honiara City Council. From modest beginnings in an old police building in 2014, *Seif Ples* developed within a few years to a fully functioning clinic that provides first response services, including medical attention, emergency accommodation, and referrals via the national hotline. Civil society agencies participating in SAFENET, such as the Family Support Center and the Christian Care Center, form an additional layer of service provision, offering survivors counseling, shelter, and community support.⁵ The Family Support Center, a member of the regional PWNAVAW, is the only secular SAFENET organization mandated to provide therapeutic counseling, legal information, and legal aid. They also provide support for clients and children as requested by survivors or the courts. The center has been instrumental in advocating for best practices and a survivor-centered approach, leading the way in establishing counseling services that are contextually appropriate for Solomon Island women, children, and family and reflect international and regional best practices. To ensure women and girls in remote regions of the country have access to counseling services, the Family Support Center operates across seven Solomon Island provinces.

Integral, operational components of SAFENET are the systems, standards, and principles that reflect human rights-based and survivor-centered approaches and prioritize the needs of women and girls who access SAFENET services. Across agencies, SAFENET policies underscore survivor safety and well-being, demonstrated in practice by creating safe spaces to access confidential counseling or emergency shelter, strictly adhering to client confidentiality, obtaining consent from survivors to refer for further services, sharing information about available services, and providing accompaniment and advocacy services. Furthermore, the administration of a

⁵The Christian Care Center (CCC) is another SAFENET agency providing similar support with shelter services for survivors of violence.

mandatory risk assessment questionnaire exemplifies SAFENET's policy of prioritizing survivors' safety by determining levels of risk and appropriate interventions, such as safety planning and possible police involvement.

SAFENET is an adaptable system, which switches to emergency mode as needed. For example, during COVID-19, SAFENET adapted its referral pathways to include critical information regarding the nation's emergency COVID-19 response and adapted its communication, emphasizing the availability of hotlines, given possible lockdowns. The Gender-Based Violence in Emergencies (GBViE) subcommittee, under the National Protection Committee, activates during emergencies such as COVID-19 and natural disasters to ensure SAFENET emergency response is coordinated and adapted to the emergency context. For example, the SAFENET coordinator and protection coordinator work together with provinces in which protection committees streamline prevention and response activities.

Given prevailing social norms that condone and tolerate VAWG, a critical component of improving care for survivors has been to shift attitudes and beliefs among service providers themselves. SAFENET policies regarding implementing a survivor-centered and human rights-based approach take priority over personal beliefs. This is critical to ensuring SAFENET's reputation as a group of supportive, inclusive, and nonjudgmental service providers, which is essential in building trust among women, children, and families seeking services. Anecdotal evidence suggests that SAFENET's policy to treat survivors with dignity and without judgment has had positive effects. For example, one agency reported regular visitation or calls from gender-nonconforming victims, indicating growing trust among marginalized groups. Further, during a 2018 annual public SAFENET meeting, attendees reported increased public and stakeholder confidence in the safety and viability of services for survivors. Similarly, although the government is yet to sign the Convention on the Rights of Persons with Disabilities, all SAFENET member organizations strive to ensure accessibility of their buildings and offices. Overall, SAFENET has the potential to change social norms and beliefs that maintain that violence is an acceptable form of punishment, especially for women's perceived social transgressions.

Moving forward, a critical strategy in Solomon Islands is the decentralization of services from Honiara, the capital city. Until recently, SAFENET had been highly centralized and primarily operational within the urban center of the country. Expanding SAFENET into the provincial centers and remote regions of Solomon Islands is a priority for the government and service providers. This is in line with the national EVAW policy (2016–2020), which called for the rollout and formalization of SAFENET across provinces to expand access to critical services for women and children affected by violence. In addition, the provincial governments of three provinces – Temotu, Malaita, and Western – prioritized resource allocation for extending SAFENET to their provinces. In response, the Ministry of Women proceeded to operationalize SAFENET across Solomon Island provinces in 2018. SAFENET is now operational in five of the nine provinces,⁶ and in 2021, it will be rolled out to the remaining five provinces.⁷

⁶Malaita, Western, Temotu, and Isabel.

⁷Central, Choiseul, Guadalcanal, Makira-Ulawa, Rennell, and Bellona.

A large majority of the Solomon Islands' population, just under 80%, reside in provincial areas where formal DV services are limited. Yet, strong networks of women-led organizations with key mandates focused on progressing gender equality have established a robust presence. The reach of these networks – from provincial capitals to towns and villages – will facilitate ease of access to SAFENET services, thereby improving outcomes for women and girls experiencing violence in remote areas. An added benefit of decentralizing SAFENET is the increased opportunity for provincial management, which builds a whole-of-population approach. In addition, the influence of women leaders is stronger in local communities than at the government and political level, which supports increasing women's leadership positions at the community and provincial levels (Hayley & Zubrinich, 2016). Furthermore, a decentralized SAFENET system, coupled with strong provincial management and coordination, can strengthen the capacity and infrastructure required to provide support to women and girls before, during, and after emergencies, when risks of violence increase.

19.3.3 The National Domestic Violence Counseling Guidelines

Solomon Islands became the first country in the South Pacific to adopt national standards for DV counseling to ensure that registered persons have received counseling training in line with national standards. The implementation of the Family Protection Act of 2014 required the national government to set up a registry for DV counselors, approve applications of qualified counselors for inclusion in the registry, and deregister counselors in cases of misconduct. Following the establishment of SAFENET, the Ministry of Women led nationwide consultations across provinces to gain input, to better understand community-based practice, and to normalize the process of developing national practice standards and ethics for DV counseling.

The creation of standards and the regulation of counselors have been vital in raising public confidence in survivor services and in addressing, at times, inherent incompatibilities between church-based counseling and national standards put forth by SAFENET. Due to their extensive reach across the country, faith-based organizations have traditionally been some of the most widely accessible institutions for counseling services. Faith leaders hold great sway in their communities. The values and beliefs embedded in Christian faith denominations, a legacy of European colonialism, are patriarchal and strongly endorse family and community unity, sometimes even in cases of spousal and child abuse (Eves, 2012). Solomon Islands also has a tradition of reconciliation practices (Dinnen et al., 2010), and in practice, pastoral advice tends to promote forgiveness and reconciliation (Ride & Soaki, 2019), which in the case of DV can perpetuate gender dynamics in the home that put women at risk of physical, emotional, sexual, and economic abuse. Additional factors render traditional church-based DV counseling problematic: counselors are predominantly male with little or no background in issues and dynamics related to

VAWG and trauma; faith-based institutions have failed to provide clear guidelines; and supervision or regulation processes by the church or others have been absent.

The development of counseling standards, based on a competency framework to ensure counselors do not blame women and girls for the violence they experience, is an important step in addressing issues linked to secular and faith-based counseling (Australia's Department of Foreign Affairs and Trade, 2017). All counselors, whether from secular NGOs or faith-based organizations, are required to demonstrate competencies across key approaches, knowledge bases, and skills. In addition, decentralizing both the SAFENET multi-sector model and the DV counseling standards means that coverage will extend far beyond the capital city of Honiara and into the remote, outer islands in a sustainable way. This is critical to ensuring that the infrastructure systems and response to DV are localized and functional during times of natural disasters and political instability.

Furthermore, competencies found in the DV counseling standards build upon and align with the regional counseling curriculum, which reflect decades of best practice from the FWCC and the PWNAAVW affiliated crisis centers.⁸ The alignment of the national standards for DV counseling with a practice-based training curriculum demonstrates the relationship between micro and macro policy and practice. Building upon decades of woman-centered counseling to develop national systems, standards, and approaches ensures that multiple levels of response mutually reinforce one another, strengthening consistency and quality.

The national consultation process led by the Solomon Islands Ministry of Women involved a wide range of representatives from civil society, including social service organizations, community stakeholders and leaders, faith-based organizations, grassroots groups, counselors, and women who engaged with counseling services. The consultation process sought to bring into focus what already exists and works well, how to connect grassroots efforts with national legislative frameworks, and best practices from the regional women's rights movement. By engaging a broad constituency of community and faith-based groups, alongside local police and health workers, the Ministry of Women has been able to forge consensus across diverse stakeholders on establishing core competencies and standards of DV counseling. This community engagement is critical in building trust and support of newly developed standards and systems of care, which drive counseling SAFENET rollout and services for survivors at a local level.

19.3.4 Lessons Learned

There are key lessons learned from the Solomon Islands case study, which are applicable to similar development contexts affected by chronic disasters, in the establishment of coordinated multi-sector service systems and the development of national DV standards.

⁸ See <https://asiapacific.unwomen.org/en/news-and-events/stories/2021/12/gender-based-violence-counsellor-training-package-for-the-pacific>

One key lesson is the instrumental role of data and evidence in driving forward policy change and action at national and local levels. Drawing from deep knowledge of women's lives and the empirical evidence produced from national prevalence surveys conducted in the region, advocates, government officials, and stakeholders used data to elevate the issue of violence against women into the public arena as a social problem affecting the health and development of communities and small island nation-states.

In addition to the role of data and evidence in propelling the issue of VAWG forward, coalition building and multi-stakeholder partnerships played a central role. These developed over years and included government ministries for women, health, and police (among others), local women's groups, and service providers. In the case of the Solomon Islands, the Ministry of Women, along with frontline service providers, played a leading role in ensuring VAWG services, reflected in policy and practice, were grounded in a human rights approach and adaptable to multiple contexts (e.g., rural/urban, emergency/stable). Strong government agencies, working in close cooperation with civil society and across sectors, also allowed for a more efficient utilization of finite resources.

The nationwide community-based consultation process to decentralize SAFENET and develop DV counseling guidelines enabled grassroots stakeholders to share what is already working. This process led to embedding existing best practices at national and local levels and ensuring community-wide support for these initiatives. By bringing together a wide range of perspectives and crossing micro, mezzo, and macro practice, Solomon Islands stakeholders were able to come together and agree on a way forward that is culturally and contextually specific and upholds the fundamental human rights of women and girls in DV counseling and crisis response.

The development of national standards and systems builds on the lived experiences of women and girls as rights holders and the expertise and contributions of women's movements in the region. In the case of the South Pacific, the FWCC and PWNAVAW network have worked tirelessly over the last 30 years, advocating, lobbying, raising awareness, and holding duty bearers accountable to elevate DV and responses to VAWG as imperative to public health and human rights.

Finally, the case study highlights the importance of establishing systems with the capacity and flexibility to adapt and respond, to ensure that survivor services remain available and accessible before, during, and after emergencies. The establishment of nimble social service systems is especially important in regions that experience periodic conflict, chronic natural disasters, and significant climate change, such as the Melanesia context.

These approaches demonstrate the value of bridging macro and micro practice to ensure the availability of essential services for survivors in dynamic contexts, integral to achieving positive outcomes in the lives of women, children, families, and communities affected by DV and other forms of VAWG.

19.4 Critical Knowledge and Skills for Social Workers

As reflected in the case study above, social workers in dynamic contexts affected by reoccurring natural disasters and periodic political instability require specific skills across clinical, community, and policy domains, to mitigate consequences of, and ultimately prevent, VAWG. Examples from the South Pacific provide important insights into key knowledge areas and skills necessary for social workers in such contexts.

Feminist, development, social work, and public health theories and frameworks form the knowledge base for social workers engaged in international practice concerned with VAWG. Social workers must be able to situate VAWG within broader social, political, and cultural contexts; global, national, and local structures that perpetuate patriarchy and misogyny; and historical legacies of colonialism and contemporary manifestations of neocolonialism. At the same time, it is important for social workers to ground understandings of violence vis-à-vis context-specific notions of identity, gender, and intersecting social locations and power dynamics (Cook Heffron et al., 2016).

Social workers need to develop critical self-awareness of their own social positions and positions of power vis-à-vis communities and individual clients, as well as of their skills and knowledge, and commit to lifelong learning. Social work is inherently a relational profession, and therefore, social workers must build strong communication and rapport-building skills to engage individuals, communities, and decision-makers in working toward social change. Social workers must develop skills necessary to build collaborative partnerships and advance policy development with and across diverse social movements, government and civil society organizations, and frontline practitioners to ensure that services for women and girls are community specific and are localized and reinforced by national policy.

A survivor-centered and human rights-based approach is vital to developing multifaceted social service systems responsive to the needs of survivors (UN Women, 2010; Morgaine, 2007). Survivor-centered and human rights-based approaches foster resilience, strength, and abilities of clients. They challenge practitioners to validate survivors' experiences of violence, acknowledge women as experts of their own lives, and uphold client rights to privacy and self-determination (Goodman & Epstein, 2008). Social workers must have a deep understanding of dynamics associated with VAWG, as well as the short- and long-term effects of trauma. Training and supervision on trauma-informed client and family engagement, assessment, safety planning, case planning, and advocacy are essential.⁹

Social workers must situate their practice within international frameworks in order to adapt and integrate internationally recognized best practice with national

⁹See Chap. 12 for detailed discussion of social work competencies and approaches grounded in trauma, culture, and loss.

policy and local practice. Examples of international frameworks include guidelines and best practice for integrating gender-based violence prevention and response interventions in humanitarian response (IASC, 2021), risk mitigation within the COVID-19 response (IASC, 2020), minimum standards for addressing gender-based violence in emergencies (UNFPA, 2019), and essential service packages for women and girls (UN Women et al., 2015), among others. Bridging international frameworks, national policy, and micro practice in dynamic contexts, such as the South Pacific, is integral to reducing risks of violence in the lead-up and aftermath of natural disasters, political and economic instability, and associated forced displacement. This macro to micro approach across the humanitarian-development nexus informs the establishment of adaptable systems that ensure women and girls' consistent access to information, support, and services. As such, social workers must be attuned to the specific risks and vulnerabilities for women and girls in humanitarian crises and be skilled in practice, principles, and standards for addressing VAWG in humanitarian crises. Connecting international frameworks with national and local efforts to strengthen systems, policies, and coordination mechanisms is paramount to bridging macro and micro practice in the South Pacific and in similarly dynamic contexts.

19.5 Discussion Questions

The following questions offer readers, course instructors, and students the opportunity to deepen their understanding of chapter topics and consider avenues for application to practice:

1. What are important geographic, environmental, political, historical, social, and legal considerations to understand VAWG in the Melanesian context?
2. What are the key drivers of VAWG in the Melanesian context described in the chapter?
3. How do reoccurring natural disasters and periodic political instability complicate efforts to address VAWG in the Melanesian context?
4. Who were the key players in making progress toward national policy and systems change in the Melanesian region broadly and in the Solomon Islands specifically?
5. What are the key lessons from the work described in the Solomon Islands? What lessons seem context specific, and what lessons seem applicable to similarly dynamic contexts?
6. What skills and knowledge do social workers need to mitigate consequences of and prevent the occurrence of VAWG, especially when practicing in dynamic contexts similar to the Solomon Islands?

19.6 Pedagogy Suggestions for Instructors

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives:

1. To deepen understanding of the South Pacific region from multiple vantage points (e.g., in terms of geography, economy, climate change, etc.), encourage your students to engage with regional geopolitics.
2. Explore and examine the issue of VAWG beyond the South Pacific context, perhaps a comparative study across subregions in the Pacific or another region entirely.
3. Examine the role of the women's rights movement in establishing VAWG as a priority issue at all levels across the Pacific region. Consider the identity and role of political advocate and practitioner vis-à-vis the identity and role of social worker.
4. Highlight historical, social, political, and environmental processes (e.g., colonialism, economic development, international intervention, cyclical natural disasters, and periodic political instability) to frame discussions of VAWG in the South Pacific.
5. Draw from critical, feminist, and intersectional perspectives to frame discussions of people and communities in the Melanesian region of the South Pacific.
6. Reiterate VAWG as a global human rights and public health issue.
7. The case study from the Solomon Islands is an example of social work practice at multiple levels of intervention. Have your students discern the macro, mezzo, and micro levels of intervention targeted by the SAFENET initiative and the development of the DV counseling guidelines.

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Chapter 20

Lives in the Shadows: International Human Trafficking in the United States



Jessica Gorelick and Ileana Taylor

20.1 Human Trafficking, What Is It?

In November 2000, the United Nations (UN) Office of the High Commissioner for Human Rights brought forth the Protocol to Prevent, Suppress, and Punish Trafficking in Persons (the Protocol). The United Nations Assembly ratified the Protocol in 2000, which became resolution 55/25. The Protocol sought to promote human rights for women and children who experience human trafficking and urged countries to increase their support to those in these dire situations.

The United Nations Protocol (2000) defines human trafficking as “the recruitment, transfer, transportation, harboring, or receipt of persons by improper means” (Article 3, p. 2). The Protocol recognizes three key elements in trafficking: the act, the means, and the purpose. *The act* is defined as the recruitment, transportation, transfer, harboring, or receipt of persons. *The means* refers to force, fraud, or coercion for *the purpose* of exploitation, either in the labor sector or for commercial sex work or organ trafficking. Trafficking in persons is a crime that occurs globally and is a violation of the Universal Declaration of Human Rights (United Nations, 2015, Articles 1–3, pp. 4, 6, and 8). The International Labor Organization’s (ILO) most recent statistics suggests that 40.3 million people are trafficked around the globe in 2016 (ILO, 2017), and Nsonwu (2019) posits that data regarding human trafficking have been challenging to collect; one must be careful to take statistics in human trafficking as fact. The Polaris Project (2018), which runs the National Human

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Trafficking Hotline in the United States, indicates in their most recent statistics from 2018 that 10,949 individuals were trafficked that year across sectors, including for labor and sex work. It is commonly assumed that sex work or sex trafficking is the most common, but labor trafficking is by far more widespread (Houston-Kolnik et al., 2020; ILO, 2017; Martin & Hill, 2019; Wilson, 2012).

20.1.1 Human Trafficking Across the Globe

The ILO (2014) estimates that the profits related to human trafficking are about \$150 billion across the globe and that human trafficking is the second-most profitable form of trafficking in the world after drug trafficking. The practice also has a long history (Wilson, 2012). Records of systems of serfdom or bondage labor date back to medieval times. The practice of human trafficking may have started around that time (Kara, 2017). Some manifestations of human trafficking include commercial sex work; labor trafficking, including domestic work, agriculture, and hospitality work; forced/servile marriage; child labor; debt bondage; and organ trafficking (ILO, 2017; Kara, 2017; Columb, 2015).

Every year, the United States publishes the Trafficking in Persons (TIP) Report, which is an indicator of how the world is working to eliminate human trafficking (Gallagher, 2011). The TIP Report provides a tier scale to grade countries' efforts to end human trafficking as well as to inform on the efforts of combating it, such as through laws passed and services provided to survivors. The report may be somewhat skewed in favor of countries that are working with the United States (Gallagher, 2011). Furthermore, some critics do not consider methods used in the TIP Report to be empirically rigorous or aligned with rules and standards of international law and human rights (Gallagher, 2011). However, it is still the main document used as a reference to fight human trafficking across the globe.

20.1.1.1 Factors and Root Causes

People who are vulnerable to human trafficking come from all over the world. Traffickers may initiate false love relationships, promise opportunities, or exploit challenging circumstances affecting persons such as poverty, unemployment, political unrest, or gender bias. Trafficked people often come from home countries where the job market is weak and/or government corruption is rampant. Traffickers often take advantage of people seeking better employment and educational opportunities in other countries (Sunkel, 2019).

Human trafficking is often "portrayed as an issue of security" (Viuhko, 2019, p. 196), with survivors initially seeking safety and protection and later finding themselves in dangerous situations. Vulnerabilities such as poverty, lack of job opportunities, gender and sexual orientation, homelessness, familial abuse, and promises of a better education are what traffickers and their associates focus on when targeting

and recruiting potential victims (Sunkel, 2019; Kim et al., 2019). Organ trafficking is still another form of trafficking articulated by Article 3 of the United Nations Protocol (Columb, 2015). The lack of voluntary donation of organs increases the risk of human organ harvesting and trafficking to meet demand (Columb, 2015). Debt bondage is also used to exploit laborers into selling their organs, specifically their kidneys. Poverty, debt, and indentured servitude are the main reasons that people resort to selling their organs (Danovitch et al., 2013; Columb, 2015; Kara, 2017). When well-resourced individuals travel to another country for the benefit of good health and organ transplant, they are engaging in organ tourism or “health tourism,” which involves the trafficking of those who have been compelled to sell their organs – either by circumstance or force (Columb, 2015; McGuinness & McHale, 2014, p. 682). Columb (2015), Yea (2010), and Kara (2017) document that organ tourism can also be run by health organizations such as private clinics and hospitals.

The socio-economic and political systems creating conditions that put people at risk for human trafficking may include discrimination or experiences based on “gender, poverty, class, ethnicity, caste, race, sexual orientation, age” (Viuhko, 2019, p. 199). Political unrest, as Raul’s experience demonstrates in case 2, or other factors that force people to move and seek refuge outside their homes may increase the risk of trafficking (Macy & Johns, 2011, as cited in Sunkel, 2019; Nsonwu, 2019). The lack of employment opportunities is another root cause that leads individuals to trust their traffickers and believe that they are on the precipice of a legitimate labor opportunity, rather than a “violation of their human rights” (Sunkel, 2019, p. 144; Kim et al., 2019). Most recently, climate change has been another root cause for human trafficking (Meyer & Boll, 2018). It is important that social workers become aware of these facts (Sunkel, 2019).

20.1.1.2 Vulnerable Groups

The anti-trafficking movement focuses mostly on women and children, but men are also trafficked. Men are affected more by labor trafficking, such as construction, hospitality, factories, begging, and street peddling (Gallagher, 2011; Kim et al., 2019; Surtees, 2008) rather than commercial sex work (Surtees, 2008). Kara (2017) speaks of the agriculture sector and “Farm Labor Contractors” in California (p. 95), some of whom work without proper authorization and hire agricultural employees in the United States. The lack of oversight from the United States’ government makes it easier for these contractors to violate labor laws and engage in labor trafficking without consequence (Kara, 2017). Furthermore, Surtees (2008) suggests that men are easily dismissed as human trafficking survivors because either they may not see their experience as human trafficking or they may not be believed (pp. 21, 24). Therefore, they may not receive the same assistance as women or children who have experienced human trafficking, leaving many without proper protection or services.

Refugees and other immigrant populations, including both documented and undocumented migrants, have additional vulnerabilities to exploitation and human

trafficking due to “cultural and language barriers” and other factors that place them under duress (Nsonwu, 2019, p. 102; Soltis & Walters, 2018; Wilson, 2012). Meyer and Boll (2018) write that asylum seekers are also targets for human trafficking. Traffickers target vulnerable individuals who have limited educational and employment opportunities and experience poverty and/or political strife (Advan, 2012; Wilson, 2012).

Youth are at a higher risk of being forced into the commercial sex trade, with homeless and LGBTQ+ youth being particularly susceptible to human trafficking (Chacon, 2010; Sunkel, 2019). The Victims of Trafficking and Violence Protection Act (VTVPA) of 2000 which includes the Trafficking Victims Protection Act (TVPA) of 2000 and the United Nations Protocol (2000) are clear in defining the trafficking of minors under 18 years of age as “a severe form of trafficking” (United States, p. 2). Young people may end up homeless because of family strife or traumatic experiences, with some forced to leave home because their family does not support their LGBTQ+ identity. Screening for human trafficking can also be difficult for this population, as young people oftentimes do not see themselves as trafficked or are reluctant to identify themselves as such (Bigelson et al., 2013). Homeless youth may also engage in survival sex, which means they exchange sex work for basic necessities such as food and/or housing (Bigelson et al., 2013; Middleton et al., 2018). See Chaps. 17, 18, and 19 for more information on vulnerabilities faced by specific communities that may lead to human trafficking.

While the United Nations was at the forefront of initial efforts to end human trafficking, some of its employees have been guilty of this practice. United Nations diplomats have been found to hire domestic workers using diplomatic visas and a contract with specific duties and salary. Upon arrival in the new country, however, workers are forced to work without pay, for long hours, and with no freedom of movement, and their identification documents are typically taken from them. In many cases, these workers are threatened with deportation if they do not comply with their employers’ demands.

Lisa’s experience from case 3 is not unique. Diplomats can contract foreign domestic workers and not be charged with the crime of human trafficking since they have immunity in the United States (Vandenberg & Levy, 2012). Ultimately, Lisa’s uncle was not charged with a crime and was able to leave his post as a diplomat. It is important to note that unlike United Nations diplomats, consular staff have limited immunity in the host country. Therefore, the law of the host nation can be applied to them, and consular employees are liable and can be prosecuted (Vandenberg & Levy, 2012).

20.1.2 The United States: Trafficking Victims Protection Act (TVPA) of 2000

In the United States, the Victims of Trafficking and Violence Protection Act of 2000 (United States, 2000), signed into law in October of 2000, guides the domestic response to human trafficking. The VTVPA was reauthorized several

times since it was enacted, including in 2003, 2005, 2008, and 2013 and most recently in 2017. Each reauthorization amended the prior one in order to better assist survivors of human trafficking (see resources on page 25). The VTVPA, similar to the United Nations Protocol, defined human trafficking as the following:

- (a) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion or in which the person induced to perform such act has not attained 18 years of age.
- (b) The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt, bondage, or slavery (United States, 2000, 22 U.S.C., § 71–2(9), p. 1590).

Furthermore, the United States' definition of human trafficking explicitly determines those who are forced to work against their will in the commercial sex trade or in the labor sector, either by fraud or coercion, as “a severe form of human trafficking.” A “typical case” that would draw the attention of prosecutors is one that involves sex trafficking and vulnerable children and women (Chuang, 2010; Wilson, 2012).

The VTVPA provides an immigration status in the United States. Survivors are provided temporary immigration relief, called continued presence, during the investigation. They can qualify for a T visa, a visa granted to survivors of trafficking, later in the process, with a path to permanent residency and citizenship. Continued presence status requires recipients to cooperate with the federal government in the investigation and prosecution of their traffickers (Chacon, 2010), though there are some exceptions to this rule. Minors under 18 years old are not required to cooperate as they are under the age of consent (United States, 2000).

Once survivors qualify for a T visa, the VTVPA also provides them access to various benefits and services, including public assistance, medical care, and higher education (Chacon, 2010; Kim et al., 2019). Magda (case 1) was able to make an informed decision to work with law enforcement to prosecute Carlos, her trafficker, after meeting with an attorney she was referred to by a social service provider. While working with law enforcement during the investigation and prosecution of Carlos, Magda received continued presence status. Once the prosecution was over, she was able to apply for the T visa and subsequently received permanent residence.

The collaboration among Magda's legal provider, the social service organization, and the Homeland Security Investigations (HSI) is just one of many examples of stakeholder collaborations regarding trafficking in the United States. In this type of scenario, social service organizations serving survivors can provide information, education, and assistance in relation to the survivor's emotional well-being, which supports the survivor's attorney and, in some ways, the investigators. When a survivor is adequately supported, they are better able to assist in the investigation and prosecution of their trafficker.

20.2 Case Studies

20.2.1 Case 1: Magda (From Poverty to Sex Trafficking)

Magda is a 25-year-old woman from Ecuador. She is a survivor of childhood sexual abuse from her stepfather. Her mother struggled with alcoholism for much of Magda's life. Her stepfather did not contribute to the household and was also abusive to her mother. As the eldest child, Magda had to leave her home at the age of 13 in search of employment to help her mother and siblings. When Magda was 15 years old, she met Carlos, a man twice her age. Carlos began courting Magda and eventually convinced her to enter a romantic relationship with him. Magda was happy because Carlos had promised he would help support her family and younger siblings' education. A few weeks after moving in with Carlos, he told her that he needed help paying bills as he was being threatened by a former colleague. Carlos, in turn, asked Magda to become a sex worker in order to make money and help pay Carlos's "debt." Magda refused as she did not feel that sex work was something she wanted to do. Carlos began abusing Magda, beating her, calling her names, and telling her that she was no good. Carlos also locked Magda in a room for days without food. He told Magda that if she cooperated and worked for a short time, the former colleague would get the money owed, and then they would begin to build a house and start their life as a couple. After several weeks of living in the room without food or water, Magda agreed to Carlos's demand.

Magda suffered abuse from Carlos and from clients. She was raped by more than one person several times when she provided "delivery" of the so-called services, having to visit clients' homes. Magda was not allowed to leave her home without company, communicate with her family, or keep any money from the work she was forced to do. Carlos kept and managed everything.

Magda was able to escape and was referred to a social services agency by a kind stranger where she began to receive counseling and mental health support. It took several months for her to feel comfortable enough to share many parts of her experience, and it became clear that she was experiencing dissociation, denial, guilt, shame, and self-blame. Magda also attempted suicide, as she saw it as a way to escape the situation.

20.2.2 Case 2: Raul (From Torture to Labor Trafficking)

Raul is 25 years old and originally from the Central African Republic, where his family was politically active and targeted for their beliefs. Raul witnessed his mother's murder and was imprisoned and severely tortured. He suffered chronic physical and mental health issues related to the severity of the torture he both experienced and witnessed against fellow prisoners, including his best friend, who was tortured to death. Raul fled the Central African Republic after accessing a tourist visa to the

United States. After all he had gone through, Raul was initially excited and hopeful to begin a new life in safety. He dreamt of finding work in the United States and pursuing his education, striving to eventually become a math teacher. Raul arrived in the United States and was offered a work opportunity in a town in the Midwest. He traveled to the town via ground transportation provided by the job recruiter and was forced to work in agriculture picking fruits and vegetables. Raul was offered room and board, as well as overtime pay, but after several weeks at the farm, he had not received his salary as promised, even though he was not allowed to work due to his visitor's visa. Working conditions were also unsanitary. Raul was charged for everything: the room, which he shared with five other workers, food, and transportation to and from the farm. He was beaten and mistreated by individuals who managed the farm on behalf of the owner. Raul was not allowed to talk to others in his group, and he did not have the freedom to leave the compound where he lived on his own. When he left the compound, he was accompanied by a guard from the farm.

Raul was freed by a friend who paid the traffickers for his freedom. He traveled to New York City only to find himself without access to housing, sleeping in trains and parks. He suffered from symptoms of post-traumatic stress disorder (PTSD) and was always on alert, anxious, and wondering if the traffickers were searching for him even though his friend had paid for his release. He did not have access to food or healthcare to address injuries suffered while he was in prison in his home country and beatings he experienced during the trafficking. Raul was constantly worried about his extended family back in his home country. He did not trust people, suffered from panic attacks, and was easily triggered by smells and sounds.

20.2.3 Case 3: Lisa (From Student to Domestic Worker)

Lisa was a 15-year-old girl living with her family in a country outside of the United States. She was going to school and living a good life. Her uncle was a United Nations diplomat and a powerful man in his home country. He offered his sister the opportunity to bring Lisa to the United States to continue her studies. Lisa was happy at the prospect of studying in New York. She had heard wonderful stories of the city and had fallen in love with it through movies. She convinced her parents to allow her to travel with her uncle when he moved there.

Her uncle was able to secure a special type of visa for Lisa. Within days of arriving in New York, her uncle told Lisa that she had to work for him, caring for his children, taking care of the home, and cooking for the family. She had to do this before and after attending school. She had no freedom to go out with her school friends, was not paid for her work, and suffered verbal abuse by her uncle's wife and her cousins.

Lisa was able to leave her uncle's home with the help of one of her teachers. Lisa received support from an organization that provided a safe home and social services. She continued to be contacted by her uncle via her parents. He told them that

Lisa was not a good daughter because she had left his home and had not responded to his request to return the passport she was issued prior to leaving her home country.

Lisa felt she was finally safe but had residual effects of her trafficking experience. She was hypervigilant and afraid that her uncle could find and harm her. She felt unfocused, and her schoolwork suffered. She lost interest in activities she previously enjoyed, like dancing, watching movies, and reading. She was hurt about her uncle's claims that she was a bad daughter but felt some relief that her parents were horrified by what had occurred and did not believe him. She was also extremely sad, lonely, and worried for her future, particularly as it was unsafe for her to return home as her uncle had power in her home country and would likely be more able to harm her or her parents if she were to go back.

20.3 Mental Health Impacts

Trafficking experiences are all harrowing in their own way, and the impact they have on survivors can also differ and depend on multiple factors. A person's emotional response might be different if they were trafficked for years versus a month. The impact may also be distinct for those who are trafficked by a family member or romantic partner, rather than a stranger who expressed no previous affection toward them. If someone's experience involves sexual and physical abuse in addition to emotional abuse, they might be affected differently than someone whose trafficker focused on emotional abuse alone.

Studies show that trafficking survivors experience mental health disorders like PTSD, anxiety, and depression at higher rates than the general population (Altun et al., 2017; Ostrovski et al., 2011; Gezie et al., 2018). As we consider multiple factors of one's life experience that can increase their susceptibility to developing mental health issues in response to trauma, we should also consider various types of trauma one can experience. Types most relevant to the experience of trafficking are acute, chronic, and complex. *Acute trauma* refers to a single traumatic event that is time limited. *Chronic trauma* describes exposure to multiple traumatic events that are prolonged and repeated. *Complex trauma*, like chronic trauma, involves multiple traumas; however, it is also typically cumulative and interpersonal in nature. It is often an entrapping, pervasive traumatization in which traumatic events are significant and intricate (van der Kolk, 2014). The onset of these traumas is in childhood, and they typically take the form of abuse and neglect during key stages of development (van der Kolk, 2005).

Frequently, trafficking survivors who experience PTSD also experience complex trauma (Hopper & Gonzalez, 2018). The survivor's trafficking experience could be their only major traumatic event in life, whereas another survivor might have suffered abuse throughout their childhood and adolescence, potentially priming them to have more severe symptoms of PTSD. This dynamic is similar to that of refugees and asylum seekers in that the impetus for them to flee their country could be related

to a single traumatic incident or a series of traumas that led them to realize they needed to escape.

We can see these dynamics in presented case studies when we consider Magda (case 1) and Raul's (case 2) trauma histories. Both experienced significant trauma early on their lives, prior to their harrowing trafficking experiences. The accumulation of these events resulted in the development of complex trauma symptoms. Survivors like Magda and Raul often describe their trafficking experience as riddled with feelings of helplessness. Magda had no control of her life and felt she could not escape. Raul experienced traumatic events in his home country prior to arriving in the United States and was then forced to work in horrendous conditions where he was subject to ongoing and extreme violence.

McCann and Perlman (1990) suggest that trauma changes individuals' internal schemas or cognitive frameworks that organize categories of information and relationships among them. Survivors' experiences change the way they view the world, which has shown itself to be a cruel and terrifying place. For people suffering from PTSD, their hypervigilance has had a protective function; however, when the danger is gone, it can limit them and negatively affect their lives.

20.3.1 *Children*

Children who are trafficked often experience mental health disorders at higher rates than non-trafficked youth. A study that examined health records of 143 youth aged 12–17 years old who identified as having been trafficked showed that after their trafficking experience, 87.4% met criteria for at least one mental health diagnosis and 76.6% met criteria for between one and four diagnoses (Palines et al., 2020). Kiss et al. (2015a, b) had similar findings in their study of 387 trafficking survivor children between 10 and 17 years old from the Greater Mekong Subregion. They found significant symptoms of mental health issues, including depression (56%), anxiety (33%), and PTSD (26%). Additionally, 9% and 5% of the children reported self-injury or at least one suicide attempt in past month, respectively, with 12% reporting a history of self-injury and/or suicide attempts (Kiss et al., 2015a, b).

A review of existing literature published between 1997 and 2017 also revealed a higher prevalence of mental health disorders among sex trafficked young people as compared to youth who fell within three "high-risk" groups: those who had run away from home, children in the foster care system, and young people involved in the juvenile justice system. Despite the prevalence of mental health issues, such as anxiety, depression, and PTSD, among the "high-risk" population, rates of mental health disorders were statistically higher for sex-trafficked youth (Palines et al., 2020). Similarly, a British study of 250,000 health records identified 51 human trafficking survivor children. It was found that 22% of the children met criteria for affective disorders; 22% for PTSD, severe stress, or adjustment disorder; and 19% for other childhood emotional disorders. It was also found that children who had been trafficked necessitated a longer duration of treatment than a random sample of

children who had not been trafficked but were also receiving mental health support (Ottisova et al., 2018). These studies indicate a likelihood that the experience of trafficking contributes to and exacerbates mental health diagnoses.

Palines et al. (2020) also discuss the unique experience of the developing brain and trauma. Children, while they are incredibly resilient, are often just in the beginning stages of developing effective coping skills, which can make it more challenging for them to manage their emotional response to trauma. There are many instances where children who are suffering the type of interpersonal abuse that results in complex trauma are also being cared for by the adult who is their abuser. They are left in an impossible situation, as the source of their terror and pain is also the source of their survival. Children often find themselves in survival mode, utilizing whatever coping skills they can muster to withstand their plight (van der Kolk, 2014). This dynamic is incredibly common with children who have been trafficked. According to a report by the Counter-trafficking Data Collective (CTDC), nearly half of trafficked children are subjected to this crime by a family member – frequently a parent or caretaker. Children are four times more likely than adults to be trafficked by a family member (IOM-CTDC, 2017).

Complex trauma can severely compromise a child's ability to emotionally regulate and lead them to develop behaviors that are adaptive to their chaotic, traumatic environment, but not socially acceptable. Children in trafficking situations can often face this dynamic. For example, a child might learn to frequently lie at home to avoid abusive treatment at the hands of a caregiver. They might utilize this same tactic at school when facing a challenging situation and, thus, be labeled as a liar. This type of dynamic can help children survive an abusive experience, but it can affect their ability to function optimally in non-abusive environments. This also can lead to difficulty in identifying a child who is actively experiencing a dangerous and traumatic situation, leaving them unprotected and without appropriate support (Palines et al., 2020).

Palines et al. (2020) also found that there were high rates of diagnoses like attention-deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) for child sex trafficking survivors. They considered these diagnoses and the possibility that, for at least some of the children, the behaviors they exhibited were perhaps reflective of the survival skills they developed to emotionally withstand their trauma. This highlighted concerns of misdiagnosis and, ultimately, ineffectual treatment for these traumatized children focusing on managing these seemingly disruptive behaviors rather than helping the children to process and overcome their trauma (Palines et al., 2020).

20.3.2 Adults

As with children, there is evidence that adults who survive human trafficking experiences demonstrate a higher prevalence of mental health issues than the general population (Altun et al., 2017; Ostrovski et al., 2011; Gezie et al., 2018). A study

with over 1000 human trafficking survivors was conducted in Thailand, Cambodia, and Vietnam, to assess the impact of trafficking experiences on survivors' mental health (Kiss et al., 2015a, b). The study included 344 children between ages of 10 and 17, along with 288 women and 383 men over 18 years old. A significant number of participants reported high levels of various types of abuse, extreme working hours, and abhorrent living conditions. They found that 22.6% of participants had experienced a serious physical injury while they are being trafficked, and large numbers reported symptoms of memory problems (15.6%), headaches (21.2%), and feeling completely exhausted (18.3%). Participants also displayed higher rates of mental health issues than the general population. Among all participants, they found significant levels of depression (61.2%), anxiety (42.8%), PTSD (38.9%), and history of suicide attempt(s) (5.2%). Rates of depression, anxiety, and PTSD were found to be higher for adults, while suicide attempt rates were similar across age-groups (Kiss et al., 2015a, b).

Authors found that those who experienced extreme restriction of freedom of movement were twice as likely to experience symptoms of PTSD, depression, and anxiety. Additionally, those who were forced to work excessive hours, lived in poor conditions, and were cheated of wages also displayed higher symptoms of those disorders. In comparison to other labor migrants who have not experienced trafficking, mental health symptoms demonstrated by those who were trafficking survivors were much more severe (Kiss et al., 2015a, b).

It is clear that children and adult trafficking survivors alike are far more likely to experience mental health issues than the general population. This dynamic is evident in the case examples. Raul (case 2) was severely worried about his family in his home country and experienced anxiety and panic attacks and was easily triggered by smells and sounds related to his traumas. Similarly, Magda (case 1) had difficulty talking about her trafficking experience and was dealing with dissociation, denial, guilt, shame, self-blame, and even a suicide attempt. Lisa (case 3) was hypervigilant and was terrified of what her uncle might do to her. She was incredibly afraid for her future and left sad and lonely, unsure when she might be able to see her parents again. She had difficulty focusing, and her school and personal life suffered. All of these individuals had distinct responses to the trauma of their trafficking experiences and were left with a significant emotional impact, resulting in a reduced quality of life and overall well-being.

It is key that service providers are aware of the significant impact of the trauma of human trafficking when offering support to survivors, to ensure that all interventions are trauma informed and reflect unique mental health needs of this population. With intervention and support, survivors have the chance to move beyond these struggles and toward fulfilling futures.

20.4 Serving Human Trafficking Survivors

This section will discuss the different stakeholders that support human trafficking survivors in both legal and social service fields.

20.4.1 Key Stakeholders

In the United States, several federal law enforcement agencies can begin a human trafficking investigation, including the Federal Bureau of Investigation (FBI), Homeland Security Investigations (HSI), and Department of Justice (DOJ). There are other stakeholders involved in these processes as well – often including survivors, local law enforcement agencies (LEA), prosecutors, attorneys representing survivors, judges, nongovernmental organizations (NGOs) providing services to survivors, and other networks or working groups that come together to address the vast needs of survivors. Survivors also have opportunities to engage with other stakeholders to ensure efforts are relevant to and supportive of their experience and recovery needs (Chacon, 2010; Johnson, 2012; Kim et al., 2019). The following are some of the stakeholders involved in providing assistance to survivors.

20.4.1.1 Law Enforcement

Investigators

In the United States, the FBI, HSI, DOJ, and Department of Labor (DOL) are all federal agencies that work to investigate and prosecute perpetrators of human trafficking (Chacon, 2010), often collaborating with social service agencies, pro bono attorneys, and other organizations serving human trafficking survivors both in the United States and in collaboration with other countries.

Prosecutors

Federal and local prosecutors work with investigative agencies to prosecute traffickers. Peters (2015) states that since the passing of the TVPA in the United States in 2000, governmental organizations working to prosecute traffickers have had different perspectives on the legal definition of human trafficking. According to Peters (2015), differing interpretations of the law are influenced by belief systems, and biases have an impact on the way investigations and prosecutions are handled.

Attorneys Representing Trafficking Survivors

Attorneys who work with international human trafficking survivors are either private practice attorneys providing pro bono legal services or are NGO-based attorneys. Many NGOs have in-house immigration attorneys who assist clients with applying for protection-based immigration relief in relation to their trafficking experience. Additionally, they often accompany clients to meetings with law enforcement and court hearings during investigation and prosecution processes, even when they are not criminal attorneys.

It is important to mention that in some cases, survivors choose not to cooperate with investigations because they may experience retraumatization by telling their stories or fear for the safety of their family (Chacon, 2010; Johnson, 2012; Peters, 2015). In these situations, which are different from the cooperation required for the T visa, attorneys representing clients can assist them in pursuing and obtaining protection-based immigration relief, which is dependent on their trafficking experience or “physical presence on account of trafficking” in the United States, without the cooperation required by law enforcement (Chacon, 2010, US Immigration and Nationality Act, p. 17).

20.4.1.2 Survivors

Houston-Kolnik et al. (2020) suggest that it is important to work with survivors as they are the experts in their own lives, providing “agency” (p. 1124) to survivors to decide what is best for them. Survivors also rely on one another for support during their healing process and provide mutual support; mentorship within survivor networks is another way survivors support one another (Brennan, 2014).

20.4.1.3 Nongovernmental Organizations (NGOs)

The TVPA provides funds to NGOs specializing in the provision of services to human trafficking survivors in the United States (TVPA, 2000). There are an array of networks and working groups addressing trafficking survivors’ needs. Social workers play critically important roles in coordinating and facilitating collaborative efforts between stakeholders convening, discussing, and cooperating to develop best practices in assisting human trafficking survivors. Survivor participation is critical, by way of focus group participation or working directly with other stakeholders to provide feedback on their complex needs and trauma experiences (Kim et al., 2019).

20.4.1.4 Social Workers

Social workers in the social service field have an important role in collaborative work, providing services such as trauma counseling, case management, and accompaniment. Social workers are also an integral part of survivors' lives as "they pay attention not only to the person but their environment," as well (Palmer, 2010, p. 45). Social workers are critical in providing services with a human rights perspective, linking survivors to other service providers. Social workers advocate on behalf of survivors and provide holistic care that meet survivors' basic needs and help them build skills that play an important role in survivors' trauma healing journeys (Berthold, 2015; Johnson, 2012). Social workers also provide guidance to stakeholders via trainings related to psychological trauma, survivors' needs, and public awareness on the topic of human trafficking (Berthold, 2015; Houston-Kolnik et al., 2020).

20.4.2 Complexities in Care

Informed by our collective 30 years of work providing supportive services including case management, mental health treatment, advocacy, and psychosocial support to international human trafficking survivors, we present these insights and recommendations for direct social work practice with survivors.

It is essential that social workers always work from a strength-based, nonjudgmental perspective while they are using an ecological framework to understand multiple areas that affect a survivor's life. Issues of identity and culture can play out in multiple ways, and not considering one's background as a service provider can negatively impact work with a survivor.

Some cultures may socialize individuals to be highly deferential to those in positions of power, including social workers, and to agree with everything they say, regardless of whether or not proposed interventions are relevant. Depending on a client's cultural norms regarding body language, a social worker's natural body language, such as making direct eye contact, may be considered uncomfortable or offensive to the client. Some survivors might even feel reluctant to identify themselves as trafficking survivors because of certain cultural or social implications (Aron et al., 2006). It is key for social workers to keep these dynamics in mind when working with trafficking survivors and to respect these differences.

Creating an open environment for communication is crucial. It can be helpful for social workers to conduct research or get supervision when working with individuals from communities with which they are unfamiliar. Additionally, simply acknowledging cultural differences and encouraging clients to point out any missteps or the lack of understanding regarding appropriate cultural communication can be extremely helpful and effective. See Chap. 12 regarding navigating cultural differences while supporting clients who have experienced trauma. Like with any

therapeutic approach, relationship building is of paramount importance (Pascual-Leone et al., 2017).

Some trafficking survivors might have difficulty in achieving and maintaining stability due a myriad of barriers. Survivors might have a history of arrest and incarceration, limited English skills, and/or large gaps in their resumes, making it difficult to access stable, gainful employment. Others may have significant education and career experience that they are unable to utilize in a new country, due to difficulties in transferring their degree and not having enough applicable work experience. Individuals with a criminal history also frequently face barriers in accessing public benefits and housing. This lack of support can also compromise access to basic needs items like food, clothing, and toiletries, making daily life challenging and overwhelming.

As discussed earlier in the chapter, foreign-born trafficking survivors are eligible for temporary immigration relief called continued presence and, sometimes, a T visa which provides a path to citizenship and permanent immigration relief (TVPA, 2000). This process can often be grueling and retraumatizing. There is an expectation that continued presence recipients cooperate with the investigation and prosecution of their traffickers. While there are some exceptions to this rule, many survivors must participate in endless rounds of prosecutorial interviews and attend court hearings where they have to see their trafficker(s). They must often publicly reveal some of the most painful and humiliating memories of their lives, which, for many, is overwhelming and retraumatizing.

Beyond the difficulty of participating in investigations and prosecutions, survivors then must go through the long process of applying for a T visa, followed by permanent residency and citizenship. This can take years and leave survivors with a sense of living in an untethered limbo, wondering if they should set down roots or if they will be deported back home. Many also have left children back in their home countries, and the exceedingly slow immigration system delays reunification. Parent-child separation and the uncertainty of a parent's immigration status has been shown to have a significantly negative impact on children's overall emotional security and wellbeing (Derby, 2015; Schapiro et al., 2013). Survivors are often unable to travel while awaiting immigration status and miss births, deaths, weddings, graduations, and beyond, losing out on life with those they love. Social workers are often at the forefront of supporting survivors as they grieve these losses and try to rebuild their lives while they are feeling uncertain about their futures.

Additionally, social workers should be aware that survivors might have vastly different ideas about healing. A social worker might be eager to refer someone to psychotherapy; however, some survivors might prefer more culturally aligned methods of healing that could involve activities that include healers, clergy, or body work, as "talk therapy" might feel foreign and unhelpful (Aron et al., 2006).

There also might be differences in beliefs around issues like education, identity, parenting, and gender roles. Of course, client safety is of paramount importance, and we must intervene if they are in an objectively dangerous situation and at significant risk for harm. Beyond safety concerns, however, our role is to provide clients with information, guidance, and support so that they might build the life that is

right for them. It is imperative, particularly when working with trafficking survivors who have so often had their independence and freedom stripped away, that we respect them as experts in their lives and futures.

20.4.3 Psychosocial Support

When working with survivors of human trafficking, it is key to utilize the person-in-environment perspective. Research shows that the most effective service models provide an array of services in-house or through a coalition of providers that can facilitate access to case management, healthcare, and legal and social services (Timoshkina, 2019). It has been found that three key elements support success: collaboration, coordination, and centralization. The three Cs encourage coordination and collaboration among multiple stakeholders who are working to address the complex, myriad of survivors' needs, with a centralized entity managing partnerships and shared efforts. These programs often involve multiple organizations that provide complementary services to survivors (i.e., legal services, medical care, and mental healthcare) with an organization providing case management services to oversee all of the different components (Timoshkina, 2019).

It is essential to consider the survivors' hierarchy of needs, from the most basic to complex (Aron et al., 2006), while also navigating the often-difficult logistical situations of survivors' circumstances. It is common for social workers to be serving survivors shortly after they have escaped from their trafficking situation, and they are likely to have acute needs and require a variety of services, ranging from medical and mental healthcare to housing and food access. Some may exit their trafficking situation through a law enforcement raid, others through assistance from an individual, and some through plotting and fleeing on their own. Many survivors have little more than clothes on their backs once escaping. It is imperative that social workers address survivors' immediate needs, which typically include food, clothing, safety planning, and shelter. Beyond that, it is likely that survivors will need rapid access to medical and dental care, especially because they may have suffered physical and/or sexual abuse while they are being denied healthcare for extended periods of time (Aron et al., 2006). Once a survivor's most acute needs are addressed, they focus on rebuilding their lives. This often involves developing skills to enhance their employability, accessing mental health support services, and addressing their immigration status (Aron et al., 2006). It is imperative for social workers to follow their client's lead during this process, while they are assisting them in obtaining services and acclimating to life outside of their trafficking situation.

When working with trafficking survivors, it is also important for social workers to understand the complex cultural acclimation that they might be experiencing. Whether working with a survivor in the United States or abroad, one needs to consider that many are rebuilding their lives outside of their home country or in a new city or state, as they are unable to return to their homes for safety reasons. They can

experience struggles around acculturation and homesickness. In fact, survivors often cite the lack of access to familiar foods as a major difficulty (Aron et al., 2006). Many may also be unable or afraid to connect with individuals from their home country or community who live in their new city. This can be due to fears around personal safety and concerns that their trafficker might find them or shame and embarrassment related to their trafficking experience (Marburger & Pickover, 2020).

Magda (case 1) particularly faced this type of isolation upon her escape from her situation. She lived in an area where many of the trafficker's associates resided. It was the only place she was familiar with, even though she knew that it was not completely safe for her to stay there. However, her treatment process included collaborating with her counselor to create and implement a safety plan, which included contacting her counselor or the law enforcement officials working on her case, if needed. She also knew that she could call the police in case of emergency. To promote self-efficacy and safety, case workers supported Magda in developing skills to be aware of her surroundings, while they were managing any tendencies toward hypervigilance.

20.4.4 Mental Health Services

The mental health impact of human trafficking is significant, and treatment is often one of the most acute needs that survivors experience once the immediate crisis of escape from their trafficking situation is over (Aron et al., 2006). As with any client, it is essential to be attuned to a human trafficking survivor's needs and to craft the clinical approach based on their cultural background and presented needs (Marburger & Pickover, 2020). It is certainly common for survivors to experience PTSD, and nearly all have a trauma history, but pathologizing should be avoided. The incredible resilience, potential, and strength of survivors should inform our clinical interventions.

There are many approaches that can be used to provide mental healthcare to trafficking survivors, including psychodynamics, cognitive behavioral therapy, and eye movement desensitization and reprocessing (EMDR). Unfortunately, there is not yet an evidence-based, gold standard of mental health treatment for trafficking survivors. One study found positive results using trauma-focused cognitive behavioral therapy with youth that experienced sex trafficking (Cohen et al., 2017). Outside of that, there have been several studies that have shown positive results in working with trauma survivors with histories including experiences like domestic violence, childhood abuse and neglect, and sexual violence. There is evidence that cognitive trauma therapy (Kubany et al., 2003) and EMDR (van der Kolk, 2014) are effective for those who have experienced significant trauma, which could indicate potential effectiveness for trafficking survivors as well since many of the dynamics of these traumatic experiences are similar. More research is necessary to establish a preferred model of care for trafficking survivors, but initial evidence suggests that

various treatments can be effective, providing they are client centered and trauma informed (Hopper, 2017).

Regardless of the theoretical approach, social workers should conduct a full psychosocial assessment to understand the survivor's experience before, during, and after their trafficking situation, before starting clinical work. This assessment should offer an opportunity to also get an understanding of the survivor's cultural background and beliefs, while it is learning about their educational, family, abuse, work, financial, substance use, and medical histories (Marburger & Pickover, 2020). It is also important to assess internal and external strengths, along with social support systems. As with all clinical work, it is key to approach the work empathically while developing a trusting, working relationship with the survivor, to determine the most effective treatment modality for them.

Social workers might also encounter resistance and difficulties in clinical engagement with trafficking survivors. This is certainly a common dynamic with all trauma survivors, but it might be especially apparent with those who have experienced human trafficking. The shame, humiliation, and loss of identity many survivors experience can make engagement even more complicated. For some, they do not identify as a trafficking survivor, and being identified as such can lead to disengagement from treatment (Aron et al., 2006). Social workers must be aware of these dynamics while they are working to develop the therapeutic relationship.

20.4.5 Vicarious Trauma

Vicarious trauma is a common experience for social workers serving trauma survivors like those who have experienced human trafficking. Saakvithe et al. (2015) define vicarious trauma as a change in the helper's inner experience that is born out of the responsibility of managing an empathic engagement with a traumatized client. As we take care of our clients, we must also take care of ourselves. When we listen to our clients' stories of trauma, we might begin to have emotional reactions that mirror their experiences. Our own worldview and schemas can begin to change throughout the therapeutic process, just as they can in our close personal relationships (Ramirez et al., 2020).

As McCann and Pearlman (1990) write, "the helper's own experiences can add to the vicarious trauma, [and] countertransference may pose a concern if the past is relived by the helpers. For this reason, we must be aware of what may trigger a reaction in us" (p. 143). It is important to have ways to manage vicarious trauma. Having contact with other service providers regularly and debriefing are some of the ways that therapists can mitigate "the sense of helplessness, vulnerability, and paralysis that affect us while we care for our clients" (McCann & Pearlman, 1990, p. 139). See Chap. 14 for more information on practitioner self-care.

20.5 Conclusion

This chapter introduced key concepts related to human trafficking – federal and international laws and policies, stakeholders involved in supporting survivors, legal remedies, vulnerabilities that put individuals at risk of being trafficked, and impact of trafficking on survivors.

The knowledge and skills covered can strengthen practice with survivors of human trafficking across settings, such as hospitals, schools, clinics, or social service agencies, and facilitate allyship, supporting survivors in their journey to healing from their human trafficking experiences (Johnson, 2012). Increased knowledge of this heinous social issue enables social workers to identify and assist individuals potentially experiencing trafficking and exploitation and possibly even help them escape.

It is essential that the social work community develops greater awareness and skills to address this issue in order to more effectively treat human trafficking survivors and protect potential victims from trafficking and exploitation in the future. More research must also be conducted around mental health interventions, in aims of creating reliable best practices for supporting survivors that can be widely replicated. We invite readers to become educated about human trafficking and maintain awareness around current events and political dynamics that impact trafficking survivors, in order to optimally engage in supporting those who suffer consequences of this horrific crime.

20.6 Reflection, Critical Thinking, and Discussion

The following prompts and questions provide a basis for reflection, critical thinking, and discussion on key points raised in this chapter:

1. What are some key macro and/or systemic, institutional issues that affect trafficking survivors?
2. How can understanding what human trafficking is and the impact it has on individuals and communities enhance social work practice across settings?
3. What are key ways in which social workers can collaborate with other disciplines to best serve trafficking survivors?
4. How can social workers advocate on the macro-, mezzo-, and microlevels to support trafficking survivors?
5. What clinical approaches can be used when engaging with trafficking survivors?
6. How can social workers work with trafficking survivors and ensure survivors' trauma is not pathologized?
7. How can social service providers and other stakeholders engage with trafficking survivors to assist them in sharing their stories, while they are mitigating retraumatization and avoiding benefiting from their human trafficking experiences?

20.7 Pedagogy Suggestions for Course Instructors, Supervisors, and Trainers

The following suggestions aim to support instructors, supervisors, and trainers in reaching their educational and supportive objectives:

1. Discussion related to survivors of human trafficking – research cases, current events, displacement of specific groups, the Central American conflict leading to the United States-Mexico border crisis, Syria in 2015, and refugee crises (i.e., Rohingya from Myanmar, Eritrea, Democratic Republic of the Congo, etc.). It is suggested that students conduct small group presentations on their research.
2. Case-based learning – provide a scenario and have students come up with a plan to best serve the trafficking survivor.
3. Role-playing – students have the opportunity to act as a survivor of human trafficking, social worker, and supervisor to practice intervention strategies.
4. Large group class discussion using case scenarios related to human trafficking. Searching databases such as the International Labour Organization, the International Organization for Migration, the US Department of Justice, and specific country research (i.e., the Philippines, Indonesia, India, and Thailand).
5. Use the following resources for detail review and to supplement the chapter:
 - H.R.181 – Justice for Victims of Trafficking Act of 2015. Retrieved from <https://www.congress.gov/bill/114th-congress/house-bill/181/text>
 - H.R.898 – Trafficking Victims Protection Reauthorization Act of 2013. Retrieved from <https://www.congress.gov/bill/113th-congress/house-bill/898>
 - H.R.972 – Trafficking Victims Protection Reauthorization Act of 2005. Retrieved from <http://www.state.gov/j/tip/laws/61106.htm>
 - H.R.2620 – Trafficking Victims Protection Reauthorization Act of 2003. Retrieved from <http://www.state.gov/j/tip/laws/61130.htm>
 - H.R.2830 – Trafficking Victims Protection Reauthorization Act of 2011. Retrieved from <https://www.congress.gov/bill/112th-congress/house-bill/2830>
 - H.R.7311 – William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. Retrieved from <https://www.congress.gov/bill/110th-congress/house-bill/7311>
 - S.1312 – <https://www.congress.gov/bill/115th-congress/senate-bill/1312>

Additional resources are as follows:

1. <https://www.latimes.com/archives/la-xpm-1997-jul-21-mn-14788-story.html>
2. https://digitalcommons.nyls.edu/cgi/viewcontent.cgi?article=1190&context=nyls_law_review
3. <https://www.justice.gov/humantrafficking>
4. <https://www.govinfo.gov/content/pkg/PLAW-106publ386/pdf/PLAW-106publ386.pdf> (Sec. 107Â§1(a)(b) and Sec. 107Â§2(a)(b)(c))

5. <https://www.govinfo.gov/content/pkg/PLAW-106publ386/pdf/PLAW-106publ386.pdf> (Sec. 107Å§5(f))
6. <https://www.justice.gov/usao-edny/pr/five-defendants-convicted-sex-trafficking-alien-smuggling-and-money-laundering>
7. <https://www.justice.gov/usao-sdny/pr/former-moroccan-diplomat-and-two-others-charged-white-plains-federal-court-visa-fraud>
8. <https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2816%2930419-6.pdf>
9. <https://www.ilo.org/global/topics/forced-labour/policy-areas/statistics/lang%2D%2Den/index.htm>
10. <https://www.ilo.org/global/topics/forced-labour/lang%2D%2Den/index.htm>
11. <https://humantraffickinghotline.org/states>
12. <https://www.state.gov/trafficking-in-persons-report/>
13. https://genderidentitywatch.com/wp-content/uploads/2014/10/new-statesman_-kimberlc3a9-crenshaw-on-intersectionality_-e2809ci-wanted-to-come-up-with-an-everyday-metaphor-that-anyone-could-usee2809d.pdf
14. <https://traumati stressinstitute.org/services/risking-connection-training/about-rc-training>; https://traumati stressinstitute.org/wp-content/uploads/2017/08/RC-Basic-Participants-Packet-FINAL_2017-2018.pdf?32c611&32c611
15. <https://www.ctdatacollaborative.org/dataset/resource/511adcb7-b1a2-4cc7-bf2f-0960d43a49cc>

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Part IV

Looking Forward

Chapter 21

The Role of Social Work in the Context of Forced Migration: A Global Perspective



Mashura Akilova

21.1 Introduction

Given the current reality of the mass displacement of people across borders, social work practice cannot remain local and one-dimensional (Heilman & Roßkopf, 2021). While responses to needs of displaced persons are always developed within the boundaries of local social, economic, political, and legal contexts, they are also situated within and impacted by global and international spaces. Stakeholder responses to humanitarian emergencies and decisions to host and resettle displaced populations are global in nature. When the root causes of displacement in one nation-state are explored more deeply, it often becomes evident that intersecting external and global factors impact local conditions that lead to displacement. Examples of these factors include systems created and sustained by colonial powers, such as the unjust distribution, theft, and illegal ownership of local land and resources, weak institutions of government, racist or regionalist policies that discriminate against specific population groups, and neoliberal and neocolonial resource-extractive practices that have left individual states unable to compete in the global economy, among many others (Palattiyil et al., 2021; Zetter, 2015). Climate-related displacement is another example: while highly industrialized countries of the Global North have disproportionately contributed to the changing climate, the majority of the burden of climate change and resulting environmental crises unjustly falls on the countries of the Global South (Bourgois, 2021). A combination of aforementioned local and global intersecting factors may result in people's inability to rely on existing institutions and systems of support, which can lead to a loss of livelihoods, decreased food supply, and water shortages. These losses can result in

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increased poverty, hunger, violence, and other insecurities that drive forced migration (Zetter, 2015).

Social workers practicing on macro-, mezzo-, and microlevels are essential in the prevention of and the immediate and long-term response to the vulnerabilities created by these instabilities. While many social workers are already practicing within these systems, there is a need to prepare them through an integrative approach to not only take part in but challenge the existing outdated and oppressive systems of response to displacement. Current international documents and agreements that govern the systems of global migration management reflect colonial power structures and interests, affording the privilege of full protection and refugee status to few groups. The 1951 Refugee Convention Relating to the Status of Refugees initially only provided support to European refugees. While the subsequent attempt to fix this gap through the addition of the 1967 Protocol included access to protection for non-Europeans, the Eurocentric limitations still impact millions of people's access to safety, protection, and the right to a dignified and sustainable life. Sidhu and Rossi-Stackey (2020) claim that imperfect systems of protection for displaced populations are directly related to the "persistence of colonial thought in international jurisprudence, and [remains active] in part because of a lack of political will" (p. 6). Additionally, the protection offered to displaced populations excludes many groups of migrants who travel through irregular channels, such as stranded migrants, labor or economic migrants, undocumented migrants, environmental migrants, and others forced to flee their homes (Zetter, 2015). Economic and environmental migrants, the largest group of migrants who should be able to rightfully claim protection, are currently not covered by any international protection instruments (Palattiyil et al., 2021). Zetter (2015) suggests the use of "forced migrants" as a more inclusive term capturing their need for protection and recognition in the national and global discourse. The term provides a clearer description of the broad population of people who are formally ineligible to claim conventional refugee status but have been affected by similar circumstances that drive them from their countries of origin.

21.2 Critical Examination of Social Work Practice Within the Field of Forced Migration

The examination of social work practice within the field of forced migration calls for a critical discussion that names and interrogates tensions among origins of the field of social work, ways in which the field upholds and maintains western power structures, and its present-day commitment to social justice and human rights. A critical lens must be applied to all levels of social work and general practice within the humanitarian response. Social workers in this field, as well as those who are seeking protection, are confronted with many borders, both in physical and conceptual forms, that are shaped by global and national legal frameworks and

bureaucratic structures, decisions that are made based on geopolitical interests, and barriers created by nationalist, racist, regionalist, and religious systems that are structural in character (Gebhardt, 2021; Heilmann & Roßkopf, 2021; Palattiyil et al., 2021). Gebhardt (2021) argues that global migration regimes, which also include humanitarian pathways for displaced persons, are a reproduction of “colonial power structures [...] in which social workers are often complicit institutionally” (p. 235). Heilmann and Roßkopf (2021) challenge practitioners to consider why social work, with its focus on advancing human rights and social justice, does not question the limiting legal and political definitions, as well as the national politics of immigration and control, and instead accepts their impact on social work practice and clients. They further consider how definitions of *refugee*, *asylum seeker*, and *migrant*, which inherently create an “othering” framework (*them vs. us*) and differentiate between noncitizens and citizens, create segregated spaces of practice. By accepting these terms and framing practice within the set frameworks, social work practice in turn also contributes to the system of “othering,” even if only responding to existing needs with well intentions. Moreover, social work practice in humanitarian settings does not allow for the realization of the social justice, strength-based, empowerment, and human rights-based purpose of social work, since “humanitarianism – understood as a western concept of an asymmetric relation between ‘the west’ and its ‘Other’ – is always confronted with a ‘white’ savior complex in which ‘the Other’ is victimized, and therefore, rendered passive and helpless” (Gebhardt, 2021, p. 241).

The oppressive systems that marginalize and make vulnerable entire populations create an increased need for social work intervention and support on micro-, mezzo-, and macrolevels. Still, however, such a response often hinders rather than promotes progress on social justice. The maintaining of the status quo, in which displaced communities are at the receiving end of decisions about their lives, is in the interest of those who hold and are not willing to share power. Leaving such systems unchallenged and working within existing frameworks co-opts the leadership in affected communities, including service providers, to “keep the system functioning – and to suppress potential opposition from community members – no matter how illogical, exploitative, and unjust the system is” (Kivel, 2017, p. 139) through funding of the nonprofit industrial complex (Morgan-Montoya, 2020). An example of co-opting is shared by Williams and Graham (2014), who argue that social workers are too focused on addressing immediate needs of displaced communities and implementing immigration policies, rather than disrupting current global power structures that marginalize these communities. If the social work profession is to live up to its guiding principle of promoting social justice, the profession should strive to render itself obsolete; that is, in a perfectly equitable, just, and empowered society, there should be no need for services provided by social workers. However, in our current reality, “powerful governmental decisions or global political discourses, restrictive cross-border asylum regulations, [and] violations of human right,” among other factors, continue to shape experiences of forcibly displaced populations and reduce the effectiveness of social work services (Heilmann & Roßkopf, 2021, p. 22).

21.3 Key Issues in Social Work Practice with Forced Migrants

Williams and Graham (2014) summarize and categorize key issues in a social work approach to working with migrant communities as interrelated processes of “decontextualization, disaggregation, culturalization, and ambivalent assimilation” (p. i7). *Decontextualization* speaks to the phenomenon of responding to migrant communities’ needs within the context of national realities, decoupled from broader cross-national considerations of movement that shape migrants’ lives and agency. Similarly, *disaggregation*, or the categorization of migrants as asylum seekers, refugees, undocumented persons, unaccompanied minors, etc., creates a differential approach to working with each group, offering rights and services based on which group is most “deserving” (Sidhu & Rossi-Stackey, 2020; Gebhardt, 2021), and obfuscating the urgency, interconnectedness, and complexity of migrants’ experiences (Williams & Graham, 2014). The *disaggregation* of forced migrants into disparate groups, often defined by each group’s own individual needs (e.g., legal status), undermines any potential for political solidarity among migrant communities or collective challenging of imperial powers. Nation-states’ emphasis on the need for migrants’ *culturalization*, rather than their rights in discourse and practice, contributes to the justification of spatial segregation, xenophobia, and racism by emphasizing migrants’ “otherness” instead of encouraging the integration of migrant and indigenous cultures. *Ambivalent assimilation* occurs when the integration of migrants into their new community is partial, based on the assumption of differences between *us* and *them* (e.g., “they have a different culture than mine”), which further perpetuates interpersonal and structural marginalization of migrant communities. When social work practice with displaced people is guided by any of the aforementioned processes, the field of social work stands in opposition to its own stated ethical and professional values and commitments to anti-oppressive practice (Williams & Graham, 2014).

21.4 Future Directions for the Social Work Profession: Increasing Self-Awareness and Furthering Practice Models

Social work education should aim to equip future practitioners with skills necessary to identify and challenge issues of power, privilege, racism, nationalism, sexism, and other oppressive ideologies and structures. As Chap. 14 of this book discusses, this process begins with self-awareness and education. This practice should not solely be the responsibility of individual social workers but rather should be a regular exercise of the profession at large. Institutions and systems within the field of social work and social welfare should constantly examine their roles and

positionality in the effort to decolonize the field of migration management and humanitarian response (Gebhardt, 2021).

While Williams and Graham's (2014) argument that the focus of social work practice needs to shift from basic service provision to social justice is salient, it is important to acknowledge that it is impossible to address higher-level needs of displaced communities without ensuring that their basic needs are met first. Thus, the social work profession should work in two parallel systems: (1) addressing immediate needs of displaced communities through a *personal social service model*, which extends a range of basic services to "restore or enhance [people's] capacity for social functioning" (Estes, 2010, p. 14), and (2) expanding the "global social transformation" (Estes, 2010, p. 15) model of practice that challenges fundamental inequalities by confronting their root causes. Other models of social work practice, such as the *social welfare model*, which centers social justice and aims to provide all members of a society with social security, and the *social development model*, which originates in community organizing and development practice and promotes people's participation (Estes, 2010; Borrmann, 2021), should be emphasized as methods to achieve social transformations. This approach will apply a rights-based, rather than a more limiting needs based, framework to practice with displaced communities.

21.5 Skills and Knowledge Required for Future Social Workers

The International Association of Schools of Social Work and the International Federation of Social Workers recently updated the global standards for social work education (IASSW & IFSW, 2020), emphasizing an educational program that prepares practitioners with a critical understanding of socio-economic, political, and environmental injustice, discrimination, and oppression impacts on human development. The standards require incorporation of indigenous knowledge, as well as the knowledge of the traditions, culture, and beliefs that are important components of effective practice. Additionally, the training of social workers should critically examine the historical injustices affecting communities and the role of social workers in addressing these inequities through interprofessional collaboration and teamwork. The global education standards for social work schools promote curricula that incorporate knowledge of social welfare policies (or lack thereof); services and laws operating at local, national, and international levels; and social workers' roles in policy planning, implementation, evaluation, and social change processes. The goal of training social workers to contribute to the promotion of sustainable peace and justice in communities affected by political and ethnic conflict and violence through the application of human rights principles is especially important for practitioners in humanitarian emergency and resettlement fields. Social work practitioners should also engage diverse actors, such as practitioners, universities, and local

governments, affected and host communities, and local and global agencies providing support on the ground, in this work to facilitate global solidarity, democracy, and greater possibility for lasting peace (Ahmadi, 2003).

With human rights, social justice, anti-oppressive, and empowerment approaches guiding the profession, social workers are well positioned to lead various levels and fields of practice supporting forcibly displaced people. While prevention of displacement should be prioritized, the application of an integrative and rights-based approach, through social workers' participation in global and local advocacy, awareness-raising efforts, and support for displaced people at every stage of their journey, is also critical and necessary.

Video 21.1 provides supplementary discussion of key skills and knowledge of social workers practicing in the context of forced migration.

21.6 Summary

Integrative Social Work Practice with Refugees, Asylum Seekers, and Other Displaced Persons aims to provide a holistic approach to preparing social workers and other practitioners entering the field of practice with forcibly displaced people by pooling the experience of working with displaced persons across geographies, cultures, and socio-economic and political realities of practice. The book provides a structure for integration of knowledge and skills required to practice micro-, mezzo-, and macrosocial work with displaced people. This is achieved by teaching necessary contextual and skills-based knowledge, emphasizing the necessity of understanding global histories of, and responses to, displacement, current trends and legal frameworks that guide national and international crisis response, coordination of humanitarian effort, and more. While practices within the field of humanitarian response and social work should be viewed through a critical lens, information on various contexts of response, service provision, and durable solutions for displaced persons are explored throughout this text. The book also focuses on the clinical knowledge and skills that social workers and other practitioners should integrate into their practice to become effective and trauma-informed practitioners supporting displaced persons, highlighting the roles of human rights- and social justice-based approaches. Readers are encouraged to consider how the practice of clinical social work, largely unique to and developed within the Global North, may or may not shift in more diverse contexts of practice and regions of the world. While this book focuses on the application of knowledge to the practice of social work, it is very relevant and useful for a variety of professionals within the field of humanitarian response and resettlement.

Acknowledgment and Gratitude The practice of social work and humanitarian response with forcibly displaced persons has a great capacity for improving in areas discussed throughout this book and more specifically in this chapter. Nevertheless, threats to security, safety, well-being, and life for those who were forcibly displaced

would be indescribably higher in the absence of systems of response and stakeholders discussed here. As authors and editors of this book, as well as representatives of various fields of practice and experiences in the field, we have witnessed firsthand the dedicated and compassionate response by individuals and institutions striving to stand alongside those marginalized by oppressive systems and impacted by conflicts. Efforts of all those involved to leverage resources, create safety, facilitate healing, and alleviate any resulting trauma and pain are applaudable. There are many people and groups for whom to be grateful for their work to provide safety during the perilous journeys that displaced persons endure, including the people and governments of host countries; the humanitarian and social welfare staff who advocate, coordinate, and fund services; the communities and individuals that welcome displaced people with open arms; and displaced people themselves who persevere, advocate for social change, and teach the rest of the world lessons in resilience, respect for diversity, and humanity. Many model practices have been highlighted throughout this book, and we want to end by acknowledging additional organizations that are engaged in innovative and exemplary practices, as well as invaluable individuals who make up these organizations.

The following organizations have been shared by co-authors based on their personal knowledge or experience. This is by no means an exhaustive list but rather is meant to reflect the wide array of organizations and efforts that are currently in practice and to encourage readers to seek out opportunities for the practical application of knowledge gained through this book:

- *ABAAD Resource Center for Gender Equality* advocates for the development and implementation of policies and laws that enhance women's participation and advance gender justice through a rights-based approach in the MENA region (www.abaadmena.org/).
- *The African International Collaborative Center* supports and empowers African immigrant communities in New York City by providing culturally responsive services, facilitating community-based participatory research and program evaluation, promoting civic engagement, and elevating grassroots organizing (www.africanicc.com).
- *AGIR* is a community-led organization by and for LGBTQIA+ migrants living in Montreal, providing information, services, programs, and resources, as well as protecting and defending the legal, social, and economic rights of migrants from LGBTQIA+ communities (www.agirmontreal.org).
- *The Black LGBTQIA+ Migrant Project at the Transgender Law Center* facilitates community building and political education, creates access to direct services, and organizes across borders to advance the liberation of Black people and build and center the power of Black LGBTQIA+ migrants in the United States (<https://transgenderlawcenter.org/programs/blmp>).
- *Clinique Mauve* provides integrated medical, psychological, and sexual health services to LGBTQI+ migrants and persons of different races and ethnicities in Quebec and utilizes peer navigation to conduct outreach, provide information, and facilitate education based on intersectional, trans-affirmative, and

trauma-informed approaches to empower service users (www.sherpa-recherche.com/sherpa/projets-partenaires/clinique-mauve/).

- *Friends of Kisoro* promotes mental health and psychosocial well-being of both acutely displaced refugees and asylum seekers and members of the refugee host community in Uganda. Founded, led, and staffed by social workers, Friends of Kisoro is committed to social justice, advocacy, and client-centered, trauma-informed services (<https://www.friendsofkisoro.org/>).
- *The International Federation of Red Cross and Red Crescent Societies*, which is made up of 193 National Societies, has over 2000 social workers as full-time staff and over 4000 social workers engaged as volunteers in their respective National Societies (www.ifrc.org).
- *The International Institute for Community-Based Sociotherapy* provides access to community-based sociotherapy for people whose lives are affected by conflict, war, and/or natural disaster, facilitating a group-based approach to strengthen feelings of safety, trust, and dignity while it is restoring the social fabric in impacted communities (<https://iicbs.org/>).
- *MHPSS Collaborative* is a global platform for research, innovation, learning, and advocacy, connecting key academic and humanitarian actors in the field of mental health and psychosocial support. They support children and families experiencing climate change, migration and displacement, and crisis and disaster (www.mhpsscollaborative.org).
- *Miles for Migrants* uses donated frequent flyer miles, credit card points, and cash to help people impacted by war, persecution, or disaster reunite with loved ones and start new beginnings in safe homes (www.miles4migrants.org/).
- *PurpLE Health Foundation* advances the health of communities by investing in the physical, mental, and financial health of women and girls who have experienced gender-based violence, including domestic violence and human trafficking, by creating a survivor-informed healthcare delivery system (www.purplehealthfoundation.org/).
- *RIF Asylum Support* was created in 2003 by social worker Maria Blacque-Belair to address a gap in services for asylum seekers in NYC (www.rifnyc.org).
- *Social Workers Without Borders* is a registered charity that facilitates assessments to support legal applications of asylees and children facing deportations in the UK on a pro bono basis. The organization also supports displaced people in accessing services through direct work, social work education, and implementation of advocacy campaigns (www.socialworkerswithoutborders.org).
- *TPO Nepal* promotes the psychosocial well-being and mental health of children and families in conflict-affected and vulnerable communities, striving to develop local psychosocial, mental health, and conflict resolution systems that promote community resilience, quality of life, and self-reliance through education, research, service delivery, and advocacy (www.tponepal.org).
- *TPO Uganda* partners with communities, civil society, private sector, and government to support mental health and socio-economic well-being and sustainability, reduce vulnerability and provide humanitarian assistance in the face of

disasters, and promote the rights and safety of women and children (www.topug.org).

- *Questscope Za'atari Camp Youth Center* engages more than 500 Syrian youth in recreational, educational, artistic/cultural, and psychosocial activities. All programming has been designed and led by the dynamic team of Syrian volunteers inside the camp. The programs embody the empowerment, resilience, and strength-based approach that is participatory and localized based on resources and needs (<https://www.questscope.org/en/blog/za'atari-youth-center-space-change>).
- Many large organizations, such as the International Medical Corps, the International Rescue Committee, the Medicine Sans Frontier, and many others, use social work models and embody human rights, strength-based, and anti-oppressive values. They train paraprofessionals in the absence of professional social work practitioners to increase access to services for displaced populations.

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Correction to: Integrative Social Work Practice with Refugees, Asylum Seekers, and Other Forcibly Displaced Persons



Nancy J. Murakami and Mashura Akilova

Correction to:

N. J. Murakami, M. Akilova (eds.), *Integrative Social Work Practice with Refugees, Asylum Seekers, and Other Forcibly Displaced Persons*, Essential Clinical Social Work Series
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The book was inadvertently published with an incorrect spelling of the author's name in the table of contents: p. XV line 258; Chapter 9, p. 199 (line 6 and in the affiliation line) as Hatem Alaa Mazrouk whereas it should be Hatem Alaa Marzouk.

In Chapter 11, the affiliation of Dr. Wagner is incorrect and Dr. Nyiransekuye has two different affiliations. These have now been updated as follows:

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The updated original versions of the chapters can be found at

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Appendix: Glossary of Key Terms

Bethel Assefa

Adaptive governance

An emerging form of environmental governance that calls upon multilevel stakeholders to coordinate the management of resources with regard to ongoing environmental and climate change.

Ambiguous loss

It is a loss that occurs without explicit closure, understanding, or information surrounding the loss. Examples of ambiguous loss include the grieving of missing persons, in which one's death or circumstances surrounding it cannot be verified, and loss of the physical presence of someone in one's life after migration, incarceration, foster care placement, etc.

Ambivalent assimilation

A process that occurs when the integration of migrants into their new community is partial, based on the assumption of differences between *us* and *them* (e.g., “they have a different culture than mine”), which further perpetuates interpersonal and structural marginalization of migrant communities.¹

Anti-oppressive practice

Service delivery, primarily grounded in the practice of social work, that prioritizes acknowledging and uprooting systemic and interpersonal forms of oppression, not limited to racism, misogyny, homophobia, transphobia, classism, ageism, and ableism.

¹ Williams., C., & Graham, M. J. (2014). ‘A World on the Move’: Migration, Mobilities and Social Work. *British Journal of Social Work*, 44.

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Asylee

It is a person who has been granted international protection (asylum) in another country. In the United States, asylees are authorized to work, may apply for a social security card, may request permission to travel overseas, and can petition to bring family members to the United States. After 1 year, an asylee may apply for lawful permanent resident status (i.e., a green card). Once the individual becomes a permanent resident, they must wait 4 years to apply for citizenship.

Asylum

It is a form of protection available to people who meet the legal definition of refugee, are already in their destination countries where they seek protection, or are seeking admission at a port of entry. In the United States, there are two asylum processes, dependent on the timing and circumstances of one's entrance in the United States:

- Affirmative asylum—protection that is sought within 1 year of arrival with a temporary visa and when there is no deportation or removal process in effect.
- Defensive asylum—protection that is sought to prevent removal or deportation due to overstaying one's visa or having entered without inspection (EWI; see below).

Asylum regime

A country's system, including procedures, policies, and values, for responding to asylum seekers.

Asylum seeker

It is a person who is seeking international protection from another country and whose claim for protection has yet to be finally decided. Asylum seekers have very limited rights to social benefits and limited access to employment, health care, and education. They often live in special facilities (e.g., reception centers in the EU countries) or are detained to await their asylum interviews or immigration court dates.

Burnout

A feeling or state of mental, physical, and emotional exhaustion, usually resulting from overwork or prolonged stress.

Child combatants

They are children who have been recruited or forced to participate directly or indirectly in military operations, often through threat, coercion, or manipulation. They are also referred to as *child soldiers*.

Climate migrant

It is one who is forced to leave their home as a result of its inhabitability due to environmental changes, such as rising sea levels, drought, or natural disasters. They are also referred to as *environmental migrants* or sometimes, more recently, as *environmental refugees*.

Cluster system

It is an approach to coordination between humanitarian response organizations; multiple organizations focused on one sector, such as child protection or water, sanitation, and hygiene (WASH), form a “cluster” to delegate specific responsibilities and mitigate any potential for redundancy in service provision.

Cohesion relocation

In the context of forced migration, the relocation of an entire community, used in this text with regard to climate displacement migration.

Compassion fatigue

Physical, emotional, and/or mental exhaustion, often resulting from prolonged engagement with survivors of trauma or other challenges, that results in a limited or diminished capacity to empathize with others.

Compassion satisfaction

The pleasure and contentment that results from being able to effectively and empathically provide support to others.

Conditional refugee status

In this text, a term developed by the Turkish government to categorize non-European and non-Syrian refugees in Turkey, including Afghan, Iraqi, and Iranian refugees, who are allowed to temporarily reside in Turkey.

Convention against Torture (CAT)

It is a United Nations (UN) convention, signed in 1985, that calls on member states to prevent and prohibit torture or any other cruel, degrading, or inhumane treatment in all forms and under any circumstances. Migrants who are legally ineligible for both asylum and withholding of removal (WOR) may be eligible to apply for relief under the Convention against Torture (CAT). CAT relief is a rare form of protection from deportation that an immigration judge grants for individuals who are at a high risk of being tortured in their home country.

Co-optation of social work

Within the field of social work, it is the focus on addressing immediate needs of displaced communities and implementing reactive immigration policies, rather than the prioritization of disrupting current global power structures and systems that marginalize communities.² Leaving such systems unchallenged and working within existing frameworks co-opts the leadership in affected communities, including the service providers, to “keep the system functioning—and to suppress potential opposition from community members—no matter how illogical, exploitative, and unjust the system is.”³

²Williams., C., & Graham, M. J. (2014). ‘A World on the Move’: Migration, Mobilities and Social Work. *British Journal of Social Work*, 44.

³Kivel, P. (2017). Social Service or Social Change?. In *The Revolution Will Not Be Funded: Beyond the Non-Profit Industrial Complex*, edited by INCITE! Women of Color Against Violence, New York, USA: Duke University Press, 2017, p. 139. <https://doi.org/10.1515/9780822373001-013>

Critical self-reflection

It is an ongoing process of reflecting on ways in which one's social location (see *positionality*) is shaped by multiple and complex forms of power, privilege, and oppression. Critical self-reflection is used as a tool for practitioners to gain awareness of how one's social location and role as practitioner shapes interactions with service users.

Cultural broker

It is one with deep knowledge of a specific culture who facilitates engagement and interactions between groups or individuals of that same culture and those from outside of the culture in an effort to mitigate any potential for misunderstanding due to cultural differences. In the context of social work, cultural brokers are often included in program implementation to support the delivery of culturally relevant and appropriate services.

Cultural competence

It is a combination of skills necessary to engage with and support groups and communities of backgrounds or identities different from one's own. Such skills include, but are not limited to, self-awareness, emotional intelligence, and open-mindedness.

Cultural humility

It is an ongoing process of strengthening one's capacity for self-reflection, self-awareness, and openness to learn about and from individuals and communities from cultures that differ from one's own; some in the field of social work argue this term is preferred to *cultural competence* due to its framing as a process rather than an endpoint or discrete skill to acquire.

Cultural relativism

In the social work context, it is an approach to practice that acknowledges that ethical and social values are rooted in the culture from which they were derived. See *universalism* for a differing perspective.

Culturalization

Adapting to and adopting cultural values and beliefs of one's surrounding culture in a process of becoming more "cultured," under oppressive social pressures of those who hold dominant identities in a society.⁴

Cultural responsiveness

It is the ability to acknowledge, engage, and support varying beliefs, norms, and values of individuals and communities. A culturally responsive practitioner is able to display *cultural humility* (see above) and create spaces and relationships that are sensitive to individuals' and communities' cultures.

⁴Williams., C., & Graham, M. J. (2014). 'A World on the Move': Migration, Mobilities and Social Work. *British Journal of Social Work*, 44.

De facto

“Of fact” in Latin, denoting something that is accepted as true or reality, despite no official legal recognition.

De jure

“Of law” in Latin, denoting something that is rightfully entitled or legally recognized.

Decontextualization

The problematic phenomenon of responding to migrant communities’ needs within the context of national realities, decoupled from broader cross-national considerations of movement that shape migrants’ lives and agency.⁵

Disaggregation

In the context of this text, it is the categorization of forced migrants into disparate groups, often defined by each group’s own individual needs (e.g., legal status). This practice can undermine any potential for political solidarity among migrant communities or collective challenging of imperial powers.

Disarmament, demobilization, and reintegration (DDR)

It is the process of removing armed weapons, disbanding armed militant groups, and reintegrating former combatants into their community. The DDR process is one component of rebuilding in post-conflict societies and can contribute to sustainable political and social rehabilitation.

Dispersion relocation

In the context of forced migration, it is the relocation of individuals, as opposed to an entire community; the term is used in this text with regard to climate displacement migration.

Do no harm principle

In the context of humanitarian aid and response, a principle that asserts that organizations and service providers should seek to minimize or avoid inflicting further injury, distress, or hardship, whether directly or inadvertently, on communities being supported.

Domestic violence (DV)

A pattern of behavior within intimate partner relationships (also called *intimate partner violence [IPV]*), familial relationships, or members of the same household characterized by actions, including but not limited to physical, emotional, verbal, sexual, and financial abuse, with an aim to maintain power and control over another person.

⁵ Williams., C., & Graham, M. J. (2014). ‘A World on the Move’: Migration, Mobilities and Social Work. *British Journal of Social Work*, 44.

Dominant culture

It is the culture in a society that defines socially accepted norms, beliefs, and values. Other cultures or groups are often pressured to conform to the dominant culture of the community, region, country, etc. in which they live.

Durable solutions

These are options outlined by the United Nations High Commissioner for Refugees (UNHCR) for addressing long-term needs of displaced people. The three solutions are voluntary repatriation, resettlement, and local integration.⁶

Economic migrant

An individual who relocates from one region to another in search of increased employment opportunities and/or an improved standard of living.

Entry without inspection (EWI)

In the context of the US asylum, entering into the United States without presenting oneself officially at a border checkpoint.

Ethnic enclaves

A geographic area, such as a neighborhood within a city, with a high concentration of individuals, often immigrants, of the same ethnic or cultural background.

Forced displacement/migration

Involuntary or coerced relocation from one region to another, usually as a result of persecution, conflict, violence, or environmental changes, often resulting in the creation of refugees, asylum seekers, and internally displaced people.

Forcibly displaced persons

People who have been involuntarily pushed to move from their home or region, usually as a result of persecution, conflict, violence, or environmental changes, often resulting in the creation of refugees, asylum seekers, and internally displaced people.

Gender-based violence

Harmful acts, including but not limited to physical, emotional, and sexual violence, directed toward a person or group because of their gender.

Global Agenda for Social Work and Social Development

It is a document developed by social workers and practitioners from three organizations—the International Association of Schools of Social Work (IASSW), the International Council on Social Welfare (ICSW), and the International Federation of Social Workers (IFSW)—in an effort to outline and solidify global goals of the field of social work. The agenda outlines four specific goals for organizations and communities engaged in social work: promoting social and economic equalities,

⁶United Nations High Commissioner for Refugees (UNHCR). (n.d.). *Solutions*. UNHCR. <https://www.unhcr.org/en-us/solutions.html>

promoting dignity and worth of peoples, working toward environmental sustainability, and strengthening human relationships.⁷

Global Definition of Social Work

It is developed by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW)—“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.”⁸

Global migration regimes

International and national systems of humanitarian pathways for displaced persons, including asylum policies and systems, that may reflect colonial, imperial, and nationalistic values of the states in which they were developed.

Global North

It is grouping of countries with shared socioeconomic and political statuses, beyond countries that are geographically in the Northern Hemisphere; specifically, the term includes, but is not always limited to, the United States, European countries, Russia, Australia, and New Zealand. This is considered by some to be a more neutral term compared to “developed countries,” which discriminates and elevates the status of these countries based on the level of their economic development.

Global Social Work Statement of Ethical Principles

Developed and continuously updated by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW), a framework that outlines moral obligations of social work schools, practitioners, and profession, as a whole.⁹

Global South

It is grouping of countries with shared socioeconomic and political statuses, beyond countries that are geographically in the Southern Hemisphere; specifically, the term

⁷See the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW). (n.d.). *The Global Agenda*. Ifsw.org; International Federation of Social Workers (IFSW). <https://www.ifsw.org/social-work-action/the-global-agenda/>

⁸International Federation of Social Workers (IFSW) and International Association of Schools of Social Work (IASSW). (2014). *Global Definition of Social Work*. Ifsw.org; International Federation of Social Workers. para. 2. <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>

⁹See the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW). (2018). *Global Social Work Statement of Ethical Principles*. Ifsw.org; International Federation of Social Workers. <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>

includes, but is not always limited to, countries in Central and South America, Africa, South and Southeast Asia, and Oceania. This is considered by some to be a more neutral term compared to “developing countries,” which discriminates and lowers the status of these countries based on their level of their economic development.

Global Standards for Social Work Education and Training

A set of standards developed by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) that outlines expectations for educators, students, curricula developers, and professionals in the field to ensure consistency in the quality of social work education, as well as to support educators and future social workers in creating diverse, well-resourced, and inclusive learning environments.¹⁰

Host community

It is locations and communities in which displaced persons have established some form of home and relationships, whether temporary (i.e., communities in transit countries) or permanent (i.e., communities in resettlement countries), often characterized by its political, economic, and social attitudes toward immigrants and refugees. It is also called *receiving communities*, which may also describe communities that are reintegrating returnees.

Human rights

It is the rights held by all people, as opposed to legalized rights granted by specific nation states, that are based on moral and ethical principles that are thought to be universal, as outlined in the Universal Declaration of Human Rights; the protection of human rights is often the focus of humanitarian response and international court proceedings.

Human rights-based approach

An approach to service provision that works toward protecting and advocating for the human rights of individuals, empowering individuals to claim and assert their rights to universal protections, and eliminating forms of discrimination that infringe upon individuals’ human rights.

Human trafficking

It is the use of force, fraud, or coercion to recruit or transport individuals for, or to obtain, labor, good/service, or commercial sex act:

- Labor trafficking—the use of force, fraud, or coercion to make another individual work or provide a service.
- Sex trafficking—the use of force, fraud, or coercion to make another individual perform commercial sexual work (sexual acts for pay).

¹⁰ See the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW). (2020). *Global Standards for Social Work Education and Training*. Ifsw.org; International Federation of Social Workers. <https://www.ifsw.org/global-standards-for-social-work-education-and-training/>

- Organ trafficking—the use of force, fraud, or coercion to obtain organs from living or deceased individuals for the purpose of illegally selling and trading them for transplantation.

Humanitarian crisis/emergency

A human-made or environmental event or series of events that threatens the safety and well-being of a community or large group of people.

Humanitarian emergency and resettlement field of practice

In the context of social work and this text, this term is used to refer to the field of practice that supports refugees, migrants, and other forcibly displaced communities throughout various stages of displacement and potential resettlement.

Humanitarian protection

It is the international protection given to individuals through various temporary immigration reliefs in situations where individuals do not meet the criteria to be granted refugee status. Usually, humanitarian protection is granted if individuals would face serious risk to life, such as death, killing, or torture, upon return to their country.

Humanitarian response

Services provided and actions taken by international and local organizations and governments for individuals and communities affected by humanitarian crises.

In situ statelessness

It is the term for lacking citizenship or recognition as a national in a country in which one has resided for a prolonged period of time, often their entire life, and not as a result of migration. Those who face in situ statelessness rarely have strong ties or connections to another country but have usually been denied citizenship by the country in which they reside.

Informed consent

A principle of health and mental health ethics and research that asserts that service recipients or program/study participants should be given clear and sufficient information before agreeing to services or participation.

Integrative social work

Social work practice that blends levels of practice (i.e., micro, mezzo, and macro) and various theories, models, and approaches and draws upon multiple disciplines to provide holistic support that is responsive to specific needs of individuals, groups, and communities.

Internally displaced persons (IDPs)

People who have been forced to flee their homes but who have been displaced within the borders of their country of origin.

International Association of Schools of Social Work (IASSW)

A nongovernmental, global organization and “worldwide association of schools of social work, other tertiary-level social work educational programs, and social work educators.”¹¹

International Federation of Social Workers (IFSW)

A global organization for national bodies of social work associations and organizations, each composed of social workers who are interested in and motivated by a commitment to social justice and international social welfare.¹²

Intersectionality

It was originally coined by lawyer and civil rights advocate Kimberlé Crenshaw. It is a term used to describe ways in which combinations of one’s varying identities impact and alter their lived experience, resulting in, for example, experiencing increased privileges or increased discrimination.¹³ Intersectionality is not only used to examine multiple and overlapping systems of power shaped by social and historical legacies, but it is also mobilized as a form of critical inquiry and praxis to advance social and racial justice.¹⁴

Jus sanguinis

Principle of nationality law that states that one’s citizenship is acquired through the citizenship of their parents.

Jus soli

Principle of nationality law that defines that one’s citizenship is acquired through their place of birth.

Local integration

In the context of forced displacement, local integration refers to the legal, economic, social, and cultural process of adaptation of forced migrants in their country of asylum.

Medical model

In the contexts of mental health and psychiatry, it is an approach that formulates mental health challenges as medical and pathological concerns that are diagnosable and treatable. Some argue that this model is reductionist in its labeling and classification of individuals by their clinical symptoms and features, as opposed to a more comprehensive biopsychosocial-spiritual model of mental health, for example,

¹¹ International Association of Schools of Social Work. (n.d.). *About IASSW*. The International Association of Schools of Social Work. para. 1. <https://www.iassw-aiets.org/about-iassw/>

¹² For more information about the IFSW and its work, including how to contact your national membership body, visit the IFSW website, <https://www.ifsw.org/>

¹³ Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1), 139–167. <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

¹⁴ Collins, P. H., & Bilge, S. (2016). *Intersectionality*. John Wiley & Sons.

which perceives mental health as impacted by not only biological factors but also psychological, social, and spiritual factors.

Mental health and psychosocial support (MHPSS)

In the context of forced migration and humanitarian response, it is the support and services that aim to protect and improve the mental, emotional, and social well-being of service recipients. MHPSS is one of many sectors within the field of humanitarian response.

Micro, mezzo, and macro practice

Three levels of social work practice are as follows:

- Micro practice—work with individuals, couples, families, and groups, usually in the context of counseling or other forms of direct practice
- Mezzo practice—work that engages people, often in groups, at the community level, or practice within community organizations
- Macro practice—work that focuses on broader systems and structures, such as at the society, national, and international policy levels.

Multi-sector response

In this text, service provision within the humanitarian emergency and resettlement field of practice that involves practitioners and professionals with varying expertise and focuses (i.e., nutrition, child protection, and health) all working toward a common objective.

Nonprofit industrial complex

A term used to describe the “system of relationships between the State (or local and federal governments), the owning classes, foundations, and non-profit/NGO social service & social justice organizations,”¹⁵ which serves many functions, including derailing social movements and diverting attention away from corporations’ exploitative work practices to highlight their philanthropic efforts.

Non-refoulement

It is a main principle of the 1951 Convention Relating to the Status of Refugees that asserts that no refugee should be forcibly returned to the region or country that they fled if their life or safety would still be threatened. Specifically, Article 33(1) of the 1951 convention states, “No Contracting State shall expel or return (*‘refouler’*) a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion.”¹⁶

¹⁵INCITE! (n.d.). *Beyond the Non-Profit Industrial Complex*. para. 4. <https://incite-national.org/beyond-the-non-profit-industrial-complex/>

¹⁶United Nations High Commissioner for Refugees (UNHCR). (2010). *Convention and Protocol Relating to the Status of Refugees*. UNHCR; UNHCR. p. 30 <https://www.unhcr.org/en-us/3b66c2aa10>

Paraprofessional social worker

It is a term for social or psychosocial service providers who may not have formal degrees in social work but who are trained in service provision, often in mental health and psychosocial support. Paraprofessionals are of particular value in contexts where mental health professionals are scarce or overwhelmed by the demand for mental health or case management services.

Positionality

One's social location, defined by their various identities, privileges, and vulnerabilities, which impact their perspective, biases, and worldview in different contexts.

Post-conflict society

A community, society, or nation that has achieved some form of resolution to active civil conflict and is working toward political, economic, and social stabilization and rehabilitation.

Pro bono

A shortened form of *pro bono publico*, Latin for “for the public good,” typically used to describe professional services, especially legal work, that are provided without charge.

Prolonged grief

An experience of grief symptoms, including sadness and intense feelings of longing, that is chronic, persistent, and lasting beyond culturally defined grieving norms.

Psychoeducation

An evidence-based treatment intervention that may use various modes of knowledge transfer to support a client in learning more about a specific condition, diagnosis, or treatment modality.

Public charge rule

US immigration policy that measures the degree to which an immigrant may become a “public charge,” or dependent on government funding and assistance, which includes but is not limited to public health insurance, cash and nutrition assistance, institutionalization for long-term care, and housing assistance.

Re-traumatization

Reliving or re-experiencing mental and physiological impacts of a traumatic event after being exposed to a reminder of the event or to a similar event.

Refugee

As defined in the 1951 Convention Relating to the Status of Refugees, one who “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and

being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”¹⁷

Refugee coordination model

Developed by the United Nations High Commissioner for Refugees (UNHCR), a framework for managing and delegating the coordination of services between organizations in humanitarian response work.

Refugee status determination (RSD)

A legal or administrative process by which governments or the United Nations High Commissioner for Refugees (UNHCR) determine whether a person seeking international protection is considered a refugee under international, regional, or national law.

Reintegration

It is the process of politically, economically, and socially integrating returnees, or displaced persons who have returned to their country or region of origin, back into society among their fellow citizens and community members. This process usually occurs once conditions in their country or region of origin become safe and stable enough to do so.

Reparations

It is the compensation for being victimized by abuse, injury, and/or interpersonal or institutional discrimination, usually experienced on a community or collective level. The compensation may take many forms, including financial/economic, land based, or systemic in the form of policies to account and correct for systemic discrimination or justice for survivors of rights abuses.

Repatriation

It is the process of refugees returning to their country of origin once conditions become safe and sustainable to do so. The decision to return should be made freely and voluntarily, without coercion by any government or institution.

Resettlement

Defined by the UNHCR as “the transfer of refugees from an asylum country to another State, that has agreed to admit them and ultimately grant them permanent residence.”¹⁸

Resettlement agency

In the United States, organizations identified by and partnered with the government to support refugees upon their arrival with settling into their new community and

¹⁷United Nations High Commissioner for Refugees (UNHCR). (2010). *Convention and Protocol Relating to the Status of Refugees*. UNHCR; UNHCR. p. 14. <https://www.unhcr.org/en-us/3b66c2aa10>

¹⁸United Nations High Commissioner for Refugees (UNHCR). (n.d.). *Resettlement*. UNHCR; UNHCR. para. 4. <https://www.unhcr.org/en-us/resettlement.html>

accessing social services and resources, including employment, housing, and education.

Resilience

The ability to adapt to or cope with new, stressful, or changing circumstances.

Returnee

Displaced persons who have returned to their country or region of origin.

Social development model

A model of human development theory that focuses on individuals', groups', and communities' risks and protective factors in working toward and achieving improved well-being.

Social justice

The equitable distribution of opportunities, wealth, resources, political and social rights and responsibilities, and privileges in a society.

Social welfare model

A model of social work practice and social welfare provision that values the creation of social policies that improve the welfare of all individuals and promote social justice.

Socio-ecological system

A framework for understanding impacts of various, interconnected systems and social institutions on an individual.

Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response (the Sphere Standards)

It is the principles and responsibilities for humanitarian response organizations developed by Sphere, an international organization created by professionals in the field of humanitarian and disaster response with the intent to create standards for and improve the quality of work in this sector. The Sphere standards outline four principles for work in the protection sector, nine commitments for humanitarian organizations, and technical guidance for four specific sectors: water, sanitation, and hygiene (WASH), food security, shelter and settlement, and health.¹⁹

Sponsor circles

Relatively new in the resettlement process, a form of community support in which multiple individuals combine efforts and resources to sponsor a newly arrived refugee in their community, supporting them to acclimate to their new location and its culture.

Statelessness

The state of having no legal citizenship or recognition as a national of any country.

¹⁹ For more information regarding the standards, see the Sphere website, <https://spherestandards.org/humanitarian-standards/>

Strength-based approach

An approach to social work practice that aims to focus on and utilize an individual's, group's, community's, or organization's assets in the process of improving their well-being and functioning, rather than focusing on deficits.

Survivor-centered approach

In this text, an approach to service provision in work with survivors of violence that aims to prioritize and amplify the needs, rights, and desires of survivors in an effort to create a safe and supportive environment for healing.

T visa

It is a visa granted in the United States to survivors of human trafficking, including labor trafficking and sex trafficking, that allows them to remain in the country and work, particularly if they are willing to cooperate with law enforcement in the investigation or prosecution of the trafficking crime. This form of visa alone does not grant one citizenship in the United States.

Task shift/task sharing

It is a process in which tasks are delegated from specialists, such as psychologists and social workers, to less specialized workers, such as mental health paraprofessionals, after appropriate training. This process can be a useful strategy in contexts or locations in which there is a low number of highly specialized professionals but a high demand for specialty services.

Temporary protected status (TPS)

It is a temporary protection in the United States granted to nationals of certain countries (or parts of countries), who are already in the United States. A country's citizens may be designated for TPS due to ongoing armed conflict (such as civil war), environmental disaster (such as earthquake or hurricane), epidemic, or other extraordinary and temporary conditions.

The 1951 Convention Relating to the Status of Refugees

It is a primary international treaty in the field of refugee response, developed by the UN, that outlines the definition, rights, and protections of refugees. The convention applies to refugees under the mandate of the United Nations High Commissioner for Refugees (UNHCR), but not other UN agencies, such as the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

The 1954 Convention Relating to the Status of Stateless Persons

An international treaty, developed by the UN, that explicitly defines a stateless person and outlines the rights and privileges they are to be afforded, for example, education, employment, and identification documents.

Traditional justice approaches

Indigenous or local systems or structures, separate from a formal legal system, that communities may implement to work toward reconciliation, accountability, and peace building in post-conflict settings.

Transphobia

The fear, dislike, and hatred of trans people based on discriminatory and prejudicial thinking grounded in the notion of trans people as inferior or untrustworthy solely due to not being cisgender.

Trauma

It is an emotional and physiological response to an experience or event that involved actual or threatened death, serious injury, or violence; the experience may also have been directly witnessed or communicated by a close family member or friend and can be experienced as follows:

- Acute trauma—trauma that is experienced due to a single traumatic event that is time limited.
- Chronic trauma—trauma that is lasting and is experienced due to exposure to multiple traumatic events that are prolonged and repeated.
- Complex trauma—trauma that is experienced due to multiple traumatic events, usually since early childhood and involving a caregiver, and involves multiple, repeated, and often interpersonal traumatic experiences that can have cumulative and prolonged effects on the body and mind.

Multiple people may also be affected by the same traumatic event or experience, resulting in the following forms of trauma:

- Collective/community/shared trauma—trauma that is experienced by entire social groups, typically due to interpersonal and structural violence and/or discrimination, natural disasters, and histories of marginalization and harm. Effects of this form of trauma may also be passed down or experienced generationally.
- Intergenerational trauma—trauma that is experienced by one generation and whose impacts, including psychological and biological effects, are transmitted to future generations and is also referred to as *transgenerational* or *multigenerational trauma*.

Trauma informed

An approach to service provision or care that acknowledges diverse and lasting impacts of trauma and tailors service delivery to meet resulting needs of survivors.

Universalism

In the social work context, it is an approach to practice that regards certain ethical principles and values as uniform and present across different cultures. See *cultural relativism* for a differing perspective.

UN mandate

A term used to describe a mission or objective of a United Nations (UN) agency (i.e., UNICEF) or institutional organ (i.e., UN Security Council) that has been approved and authorized by the UN General Assembly.

Vicarious posttraumatic growth

The positive growth experienced by supporting and engaging with survivors who are actively growing and healing from their experiences of trauma.

Vicarious resilience

The positive experience of supporting and engaging with survivors of trauma and witnessing their growth and resilience, resulting in one's own personal growth and deepened resilience.

Vicarious trauma

Traumatization that is experienced indirectly as a result of engaging with the traumatic experiences and narratives of survivors.

Violence against women and girls

Harmful acts, including but not limited to physical, emotional, and sexual violence, directed toward women and girls rooted in gender inequality and misogynistic beliefs that they are inferior.

Withholding of removal (WOR) status

It is a protection status in the United States. Applicants seeking international protection in the United States file an application for both asylum and withholding of removal simultaneously. In order to be granted this status, the applicant must meet stricter eligibility requirements than for asylum, and they are not granted the same benefits as asylees, such as the ability to petition for family members to also receive green cards.

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